P22000003252

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2022 JAN 18 AHII: 44 SECRETARY OF STATE FALLAHASSEE, ITE

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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: _____ Sweet Swims Inc DOCUMENT NUMBER: P22000003252 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Yalilys Duenas Name of Contact Person Duenas Tax & Accounting Services Inc. Firm/ Company 3300 Springdale Blvd, Apt M111 Address Palm Springs, FL 33461 City/ State and Zip Code duenastaxservices@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Yalilys Duenas Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ✗ \$35 Filing Fee ☐\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, Fl. 32303

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

FILED

Sweet Swims Inc

2022 JAN 18 AM 11: 44

(Name of Corporati	on as currently filed with the Florid	a Dept. of State TARY OF STATE
	P22000003252	
(Docum	ment Number of Corporation (if knowr	1)
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	a Statutes, this Florida Profit Corpora	ation adopts the following amendment(s)
A. If amending name, enter the new name of the co	orporation:	
		The new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc. "chartered," "professional association," or the abbre	" or "Co". A professional corpora	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADI		
(Frincipal office address SIOST BE A STREET AIR	7 <u>RE33</u>)	
C. F		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
		
		
D. If amending the registered agent and/or register		he name of the
new registered agent and/or the new registered	onice aggress:	
Name of New Registered Agent		
		· · · · · · · · · · · · · · · · · · ·
	(Florida street address)	
New Registered Office Address:	(City)	, Florida(Zin Code)
	terús	(Zip Coae)
New Registered Agent's Signature, if changing Reg		
I hereby accept the appointment as registered agent.	I am familiar with and accept the obli	gations of the position.
Signo	ature of New Registered Agent, if chan	tging

Check if applicable

[] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add,

X Change	<u> 14</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Armando Zamora	800 Green St
Add X Remove			West Palm Beach, FL 33405
2) Change		_	
Add Remove 3) Change Add			
Remove 4) Change Add			
Remove Change Add			
Remove 6) Change Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
	<u>.</u>
	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
N/A	
	
	

***	01/10/2022	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:	1/10/2022	
meetic date it applicable.	(no more than 90 day:	s after amendment file date)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable : Department of State's records.	statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board	of directors without shareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	lopted by the shareholders. The num sufficient for approval.	ber of votes cast for the amendment(s)
☐ The amendment(s) was/were a must be separately provided fi	oproved by the shareholders through ver each voting group entitled to vote so	oting groups. The following statement eparately on the amendment(s):
"The number of votes ca	at for the amendment(s) was/were suff	Teient for approval
by		
	(voting group)	
01/10/ Dated	2022	
Signature	Souto Son	
select	director, president or other officer – if ed, by an incorporator – if in the hand med fiduciary)	directors or officers have not been s of a receiver, trustee, or other court
	lvette Leon	
	(Typed or printed name of	of person signing)
	President	
	(Title of person signing)	

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