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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:						
DOCUMENT NUMI	BER:					
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.				
Please return all corre	spondence concerning this mat	iter to the following:				
	KEVIN MOYA					
		Name of Contact Person				
		Firm/ Company				
	2385 NW Executive Drive #1	00				
		Address				
	Boca Raton, FL 33431					
		City/ State and Zip Code				
gestic	nn@achievegea.com					
	E-mail address: (to be us	sed for future annual report	notification)			
For further information	n concerning this matter, pleas	se call:				
KEVIN MOYA		at (677-2151			
Name of Contact Person Area Code & Daytime Telephone Numb			de & Daytime Telephone Number			
Enclosed is a check for	or the following amount made	payable to the Florida Depa	rtment of State:			
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327

Street Address
Amendment Section Division of Corporations Clifton Building

Articles of Amendment to Articles of Incorporation of

FUMITAKA NISHIMURA PA

(Name of Corporation	<u>1 as currently 1</u>	iled with the Florida	Dept. of State)
P18000023174				
(Docume	nt Number of C	orporation (if known)		
Pursuant to the provisions of section 607.1006. Florida 5 its Articles of Incorporation:	Statutes, this <i>Fl</i>	orida Profit Corporatio	on adopts the f	ollowing amendment
A. If amending name, enter the new name of the cor	poration:			
				The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered" "professional association," or the a	"Inc." or "Co	. A professional cor	orporated" or poration name	r the abbreviation e must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	RESS)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			2015
				====
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		s in Florida, enter the	name of the	9: 22
Name of New Registered Agent				
	(Florida street	address)		
New Registered Office Address:			Florida_	
	ſĹ	ny)		(Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. To		h and accept the obliga	tions of the po	sition.
Signat	ure of New Reg	istered Agent, if change	ing	

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)

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>PT</u> <u>Jol</u>	hn Doe	
\underline{X} Remove	<u>V</u> <u>M</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	S	WILLIAMS RAYONDA	2385 NW Executive Drive
Add			Suite 100
X Remove			Boca Raton, FL 33431
2) Change	S	FORTUNATA ESPINOZA	2385 NW Executive Drive
X Add			Suite 100
Remove			Boca Raton, FL 33431
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			_
Add			
Remove			
6) Change			
Add			
Remove			

	nding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)
If an a	mendment provides for an exchange, reclassification, or cancellation of issued shares,
provis	sions for implementing the amendment if not contained in the amendment itself: f not applicable, indicate N/A)

.

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this artment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment ficient for approval.	u(s)
☐ The amendment(s) was/were appropriately provided for a	oved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ado action was not required.	nted by the board of directors without shareholder action and shareho	lder
☐ The amendment(s) was/were ado action was not required.	nted by the incorporators without shareholder action and shareholder	
05/07/2019	<i>1</i>	
Dated	i divi	
Signature	Jun 476	
(By a di selecteo	rector, president or other officer – if directors or officers have not be by an incorporator – if in the hands of a receiver, trustee, or other ced fiduciary by that fiduciary)	
	NISHIMURA FUMITAKA	
	(Typed or printed name of person signing)	
	resident	
	(Title of person signing)	