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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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Amend

MAY 1.8 2019

I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	RATION:		
DOCUMENT NUME	BER: P18000064484		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	KEVIN MOYA		
		Name of Contact Person	1
		Firm/ Company	
	2385 NW Executive Drive #1	00	
	Address		
	Boca Raton, FL 33431		
		City/ State and Zip Code	
gestio	n@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 Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	ertment 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		Amend Divisio	Address iment Section on of Corporations Building

Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Amendment to Articles of Incorporation of

JOSE ARENAS MORALES PA

JOSE ARENAS MORALES PA		
(Name of Corporation	on as currently filed with the Florida Dept. of State)	
P18000064484		
(Docum	ent Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006. Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the foll	owing amendment(s) to
A. If amending name, enter the new name of the cou	rporation:	
		77
	l "corporation," "company," or "incorporated" or t " "Inc," or "Co" - A professional corporation name t abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD.		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>Y</u>)	2019:1.11 8
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		- 19 9: 2(- 19 9: 2(
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	. Florida	
A THE STATE OF THE CHARLES OF THE CH		(Zip Code)
New Registered Agent's Signature, if changing Regi- I hereby accept the appointment as registered agent.	i <mark>stered Agent:</mark> I am familiar with and accept the obligations of the posit	ion.
Sinne	sture of New Registered Agent if changing	

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.

Example: X Change	<u>PT</u>	John Doe	
\underline{X} Remove	<u>Y</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	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			- <u></u>
Remove			
4) Change			_
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Art Attach additional sheets, if necessary).		
If an amandment provider for an eye	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame	endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
		

The date of each amendment(s) add date this document was signed.	ption:	, if other than the
-		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this dar artment of State's records.	te 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 suff	ted by the shareholders. The number of votes cast for the amendment(s icient for approval.)
	oved by the shareholders through voting groups. The following statements are the voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
■ The amendment(s) was/were adoptaction was not required.	ted by the board of directors without shareholder action and shareholde	r
☐ The amendment(s) was/were adop action was not required.	ted by the incorporators without shareholder action and shareholder	
05/07/2019		
Dated	Land Land	
Signature		
(By a dir selected.	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other cour d fiduciary by that fiduciary)	1
	RENAS MORALES JOSE	
_	(Typed or printed name of person signing)	·
P	resident	
-	(Title of person signing)	