## P1900000 Sa96

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: ENRIQUE JOSE	SCHROH MINIG PA	
DOCUMENT NUN	Diggggggggg		
The analosed Antide	ब <i>की निकासमधीयालयों</i> जाजी कि <del>ट</del> उडक ड	ultunitied the filing	
Please return all cour	espendence consciount this in	utter to the following:	
	JUAN C MARTINEZ		
	CORP SVCS INTL	Name of Contact Person	0
		Feren/ Company	
	7050 W PALMETTO PARI	• •	
		Address	
	BOCA RATON, FL 33433		
		City/ State and Zip Cod	E
OPE	RATIONS@ACHIEVEGEA.	<b>M</b>	
		sed for future armord report	
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For further informatic	व राज्यारसमामु चीत मानास, होस	se call:	
JUAN C MARTINE	z	<del>2</del> 2(5	<b>503 5</b> 983
Name	of Contact Person		de & Dzytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depo	artment of State:
S35 Filing Fee	Certificate of Status	Certified Copy (Additional copy is enclosed)	Certificate of Status Certificate of Status Certified Copy (Additional Copy is enclosed)
Anno Divi P.O.	ling Address andment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Division The Ce 2415 N	Address ment Section n of Corporations entre of Talkahassee I. Monroe Street, Suite 810 ssee, FL 32303

## Articles of Amendment to Articles of Incorporation of

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(Name	of Corporation as current	ly filed with the Florida Dep	t. of State)		
P19000005296					
· · · · · · · · · · · · · · · · · · ·	(Document Number of	of Corporation (if known)			
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation as	dopts the following	ng amend	ment(s) t
A. If amending name, enter the new n	ame of the corporation;				
				_The n	
name must be distinguishable and contain "Inc.," or Co.," or the designation "( "chartered," "professional association,	Corp," "Inc," or "Co"	A professional corporation n			
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		C/O CORP SVCS INTL			
		9907 THREE LAKES CIRCLE.			
		BOCA RATON, FL 33428			_
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		C/O CORP SVCS INTL			_
		7050 W PALMETTO PAR	K RD. STE 15-3	0 <b>0</b> .	
		BOCA RATON, FL 33433	3.		-
D. If amending the registered agent an new registered agent and/or the new			ne of the		
Name of New Registered Agent	7050 W PALMETTO PAR	DV DD CTE #15 200		-	
		eet address)		_	
New Registered Office Address:	BOCA RATON	,	, Florida 33433	7:4	26
		(City)	, rionda(Zip :	(evle)	19
New Registered Agent's Signature, if c hereby accept the appointment as regist	hanging Registered Agent ered agent. I am familiar v	: with and accept the obligation.	s of the position.		104.52
			<u> </u>	<sup>Airi</sup> 10: 00	•

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:

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(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 Doc	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Р	WALTER FRANCO VALDIVIA	C/O CORP SVCS INTL
X	-		19712 DINNER KEY DRIVE.
Remove			BOCA RATON, FL 33498
2) Change			
Add			
Remove	Р	SCHROH MINIG, ENRIQUE JOSE	
3) Change	<del></del>		C/O ACHIEVE
X Remove			5550 GLADES ROAD, STE 200.
4) Change			BOCA RATON, FL 33431
Add			
Remove			
5) Change	<u>s</u>	MORTENSEN, ELIZABETH	C/O ACHIEVE
Add			5550 GLADES ROAD. STE 200.
X Remove			BOCA RATON, FL 33431
6) Change			
Add			
Remove			
		Page 2 of 4	

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F. If an amendment provides for an exchar provisions for implementing the amend	nge, reclassification, or cancellation of issued shares, Iment if not contained in the amendment itself:
F. If an amendment provides for an exchar provisions for implementing the amend (if not applicable, indicate N/A)	nge, reclassification, or cancellation of issued shares, dment if not contained in the amendment itself:
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(if not applicable, indicate N/A)  The date of each amendment(s) adoption:	Page 3 of 4
(if not applicable, indicate N/A)	Page 3 of 4
(if not applicable, indicate N/A)  The date of each amendment(s) adoption: date this document was signed.	Page 3 of 4

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a by the shareholders was/were	idopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	(s)
	opproved by the shareholders through voting groups. The following statem or each voting group entitled to vote separately on the amendment(s):	eni
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
•	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and sharehold	er
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
Dated NOV 21,	2019	
Signature_	1.11	
(By a selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other counnted fiduciary by that fiduciary)	- <del></del>
(	WALTER FRANCO VALDIVIA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	