## P19000033292

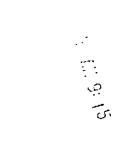
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: LAPASE CORP.	
DOCUMENT NUMBER: P19000033292	
The enclosed Articles of Amendment and fee are sub	bmitted for filing.
Please return all correspondence concerning this mat	tter to the following:
FORTUNATA ESPINOZA	
<del></del>	Name of Contact Person
CORP SVCS INTL	
	Firm/ Company
7050 W PALMETTO PARK	RD. STE 15 300.
	Address
BOCA RATON, FL 33433	
	City/ State and Zip Code
OPERATIONS@ACHIEVEGEA.C	COM
E-mail address: (to be use	ed for future annual report notification)
For further information concerning this matter, please	e call:
FORTUNATA ESPINOZA	at (305 ) 503 5983
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	·
5	,,
S35 Filing Fee	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed)  S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

of LAPASE CORP. (Name of Corporation as currently filed with the Florida Dept. of State) P19000033292 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 9907 THREE LAKES CIRCLE. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) BOCA RATON, FL 33433 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 7050 W PALMETTO PARK RD. STE 15 300. BOCA RATON, FL 33433 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent 7050 W PALMETTO PARK RD, STE 15-300. (Florida street address) **BOCA RATON** New Registered Office Address: . Florida (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature 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: <u>PT</u> X Change John Doe  $\underline{V}$ X Remove Mike Jones SV  $\underline{X}$  Add Sally Smith Type of Action Address Title Name (Check One) 1) X Change RAMIREZ, GIOVANNI P. 9907 THREE LAKES CIRCLE. BOCA RATON, FL 33428 \_\_\_ Add \_\_\_\_ Remove 2) \_\_\_\_ Change \_\_\_\_ Add Remove 3) Change \_\_\_ Add \_\_\_\_ Remove 4) \_\_\_\_ Change \_\_\_\_ Add \_\_ Remove 5) \_\_\_\_ Change Add Remove 6) \_\_\_\_ Change \_\_\_ Add \_\_ Remove Page 2 of 4 E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary).

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

**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)	( <u>CHECK ONE</u> )
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated DEC 03,	2019 Andawa
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 court inted fiduciary by that fiduciary)
	GIOVANNI P. RAMIREZ
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)