P19000050448

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COVER LETTER

TO: Amendment Section

Division of Corpo	orations .		·				
NAME OF CORPOR	AChillich Enterpris	ses, Inc					
DOCUMENT NUME							
The enclosed Articles	of Amendment and fee are su	bmitted for filing.					
Please return all corres	pondence concerning this ma	tter to the following:					
	Theresa Sommers						
•		Name of Contact Pe	rson				
	T. Sommers Accounting Services						
	Firm/ Company 5316 8th St						
	Address						
	Zephyrhills, FI 33542						
		City/ State and Zip C	Dode				
	the re sa@tsommers.com						
	E-mail address; (to be us						
	n-mail address, (to be th	sed for future annual rej	on nouncation)				
For further information	concerning this matter, plea	se call:					
Theresa Sommers		at (7883369 Code & Daytime Telephone Number				
Name o	f Gontact Person	Area	Code & Daytime Telephone Number				
Enclosed is a check for	the following amount made	payable to the Florida I	Department of State:				
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	& El\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Address		Str	ee <u>t A</u> ddress				
Ame	ndment Section	Amendment Section					
	sion of Corporations	Division of Corporations					
	Box 6327	The Centre of Tallahassee					
Talla	hassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					

Articles of Amendment to Articles of Incorporation of

0	of the state of th
Achillich Enterprises Inc.	
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P19000050448	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	TO TO
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	36154 Dockside Place
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Dade City, Fl 33525
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	36154 Dockside Place
	Dade City, FI 33525
	-, 5
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	
Name of New Registered Agent Theresa Sommers	
(Florida si	treet address)
New Registered Office Address; 5316 8th St Zephyrl	nills . Florida 33542
Sea registered type Chadress.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen	t-
I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.
Thema Sommus Signature of New 1	
Signature of New I	Registered Agent, if changing

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)

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 Doc 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>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
<u>X</u> Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change		_	
Add	Ī		
Remove			
2) Change			
Add			
Remove 3) Change	{		
Add	,		
Remove			
4) Change	. 1		
Add			
Remove			
5) Change	, 		
Add	1		
Remove	1		
6) Change		_	
Add			
Remove			

. <u>If amending</u> or	adding additional Articles, enter change(s) here:
(Attach additiona	al sheets, if necessary). (Be specific)
· · · · · · · · · · · · · · · · · · ·	ı
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. If an amendmer	nt provides for an exchange, reclassification, or cancellation of issued shares, implementing the amendment if not contained in the amendment itself: licable, indicate N/A)
OFOVISIONS IOU	icahle, indicate N/A)
provisions for (if not appl	
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	August 1, 2021	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
_	gust 1, 2021	
Effective date <u>if applicable</u> :	·	
	(no more than 90 day)	s after amendment file date)
Note: If the date inserted in this bedocument's effective date on the De		statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board	of directors without shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were st		ber of votes cast for the amendment(s)
must be separately provided for	each voting group entitled to vote s	•
"The number of votes cast	for the amendment(s) was/were suf	ficient for approval
by		
· · · · · · · · · · · · · · · · · · ·	(voting group)	
7/ 2 0/2021 Dated		-
Simulton		
selecte	neetor, president or other officer – i d, by an incorporator – if in the hand ted fiduciary by that fiduciary)	f directors or officers have not been Is of a receiver, trustee, or other court
	Kyle Achillich	
1	(Typed or printed name	of person signing)
	President	
	(Title of person signing)	