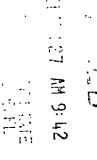
# P19000082917

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SECRETARY OF STAIR

**GBANGUEU** 

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APR 2 S 2021



**Department of State** 

**Division of Corporations** 

Date: 04/26/2021

**American Expediting (Stealth Courier)** 

1531 Commonwealth Business Dr.

Ste 105

Tallahassee, Fl. 32303

850-294-5632

## **Stealth Courier Box**

**Company: Achieve Capital Peru** 

**Requester: Achieve** 

Order: 13121302

### **COVER LETTER**

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

Division of Corp	otations				
NAME OF CORPO	ACHIEVE CAPIT	'AL PERU SA CO		; ;	
P19000082917 DOCUMENT NUMBER:					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	itter to the following:		į	
	MARCELO, CARLA			:	
	Name of Contact Person 7050 W PALMETTO PARK RD #15-300				
		Firm/ Company	<del> </del>	,	
	Address BOCA RATON, FL 33433				
	City/ State and Zip Code				
	E-mail address (to be us	sed for future annual report	notification)	- : !	
For further information	on concerning this matter, pleas	sc call:			
MARCELO, CARLA	<b>\</b>	30.5 at (	503.5983		
Name	of Contact Person	Area Code & Daytime Telephone Num		ımber	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	•	
■ \$35 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)	<b>!</b> ; ;	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Divisio	Address ment Section n of Corporations entre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

#### COVER LETTER

TO: Amendment Section Division of Corporations ACHIEVE CAPITAL PERU SA CO NAME OF CORPORATION: P19000082917 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MARCELO, CARLA Name of Contact Person 7050 W PALMETTO PARK RD #15-300 Firm/ Company Address BOCA RATON, FL 33433 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARCELO, CARLA 305 5035983 Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: **\$**35 Filing F∝ **□\$43.75** Filing Fee & **□\$43.75** Filing F∞ & **☐\$52.50** Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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

ACHIEVE CAPITAL PERU SA CO	•
(Name of Corporation as currently filed with the Florida Dept. of Star P19000082917	<u>(c)</u>
(Document Number of Corporation (if known)	i.
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the its Articles of Incorporation:	following amendment(s) to
A. If amending name, enter the new name of the corporation:	4
	( m)
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the all "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name mu "chartered," "professional association," or the abbreviation "P.A."	The new bbreviation "Corp.," st contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	P
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
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:	THE STATE OF
Name of New Registered Agent	十二四二
(Flonda street address)	1
New Registered Office Address: Florida	1
(City)	(Zip Code)
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 p	oosition.
Signature of New 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 saidress of each Officer and/or Director being added: .ittach 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 ET John Doc X Remove Y Mike Jones X Add Sally Smith Type of Action Title Name Address (Check One) MARCHENA, ALDO 9907 THREE LAKES CIR 1) \_\_\_\_ Change BOCA RATON, FL33428 \_\_ Add \_\_ Remove 2) \_\_\_\_ Change \_\_\_\_ Add Remove 3) \_\_\_\_ Change \_\_ Add \_\_ Remove 4) \_\_\_\_ Change \_\_\_\_ Add \_\_\_ Remove 5) \_\_\_\_ Change \_ Add \_\_ Remove 6) \_\_\_\_ Change \_ Add \_ Remove

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself.  (if not applicable, indicate N/A)	If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the smendment if not contained in the amendment itself.  (if not applicable, indicate N/A)		(Be specific)
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The date of each amendment(s)	adoption;	if other than the
date this document was signed.		•
Effective date if applicable:		· ·
	(no more than 90 days after amendment file date)	ļ'
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date partment of State's records.	terwill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	:
☐ The amendment(s) was/were action was not required.	dopted by the incorporators, or board of directors without shareholder action	on and shareholder
■ The amendment(s) was/were use     by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(sufficient for approval.	· s)
	oproved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	ent i
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by	,	i
	(voting group)	•
4/26/2021		ì
Dated		1
Signature	fortun Espange	,
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other cour nted fiduciary by that fiduciary)  FORTUNATA ESPINOZA	· · · · · · · · · · · · · · · · · · ·
	(Typed or printed name of person signing) SECRETARY	1 1
	(Title of person signing)	<del>-</del>