P25000015183

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MW 5/27/2025

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: THE ACHILLES Group INC

DOCUMENT NUMBER: P25000015183

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

KYLE TRAVIS
Name of Contact Person

THE ACHILLES GROUP INC
Firm/ Company

1321 KENTUCKY AVE
Address

FORT MYERS, FL 33916
City/ State and Zip Code

OFFICE@ACHILLESGroupFL.Com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KYLE TRAVIS at (239) 910-2373
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 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
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

THE Achilles Group Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

P25000015183
(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:**

_______________ *The new 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."*

B. **Enter new principal office address, if applicable:**
(Principal office address MUST BE A STREET ADDRESS)

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:**

Name of New Registered Agent _______________

____
(Florida street address)

New Registered Office Address: _______________, Florida _______________
(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 position.

____
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 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	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ____ Change	CEO	JOY HILLS	1350 MONROE ST
____ Add			#183
X Remove			FORT MYERS, FL 33901
2) X Change	CFO	L. SHARISSE BUTTERFIELD	1321 KENTUCKY AVE
X Add	CEO		
____ Remove			
3) ____ Change			
____ Add			
____ Remove			
4) ____ Change			
____ Add			
____ Remove			
5) ____ Change			
____ Add			
____ Remove			
6) ____ Change			
____ Add			
____ Remove			

E. **If amending or adding additional Articles, enter change(s) here:**
(Attach *additional sheets, if necessary*). *(Be specific)*

- ON 2ND PAGE OF ENTITY DETAILS "KYLE TRAVIS" SHOULD BE "TRAVIS, KYLE" ADDRESS SHOULD BE "3500" NOT "1300" ON ARTICLES OF INCORPORATION ARTICLE VII.
- HILLS, JAY NEEDS REMOVAL FROM ARTICALS + ENTITY.
- L. SHARISSE BUTTERFIELD NEEDS "CEO" ADDED TO TITLE.
- ARTICLES OF INCORPORATION, ARTICLE VII, "TRAVIS KYLE" SHOULD BE "KYLE TRAVIS"

(BUSINESS BANK ACCOUNT IS REQUESTING "TRAVIS, KYLE" NAME CHANGE AS IT IS "KYLE TRAVIS" ON THEIR RECORDS + IS HER CORRECT NAME.)

F. **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)

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)

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 adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by ______________________________."

(voting group)

Dated 04-01-2025

Signature K Travis

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

KYLE TRAVIS.

(Typed or printed name of person signing)

COO

(Title of person signing)

P25000015183
FILED
March 07, 2025
Sec. Of State
wlawrence

Article VI

The name and address of the incorporator is:

LSHARISSE BUTTERFIELD
1321 KENTUCKY AVE.

FORT MYERS FL 33916

Electronic Signature of Incorporator: LSHARISSE BUTTERFIELD

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

Article VII

The initial officer(s) and/or director(s) of the corporation is/are:

Title: CFO — ADD CEO TO TITLE
LSHARISSE BUTTERFIELD
1321 KENTUCKY AVE.
FORT MYERS, FL. 33916 UN

~~Title: CEO~~
JOY HILLS
ANDREW DRIVE
NAPLES, FL. 34112 — REMOVE

Title: COO
TRAVIS KYLE
1300 PATRICK
FORT MYERS, FL. 33916 — KYLE TRAVIS
3500 PATRICK AVE.

Article VIII

The effective date for this corporation shall be:

03/06/2025

KYLE, TRAVIS
1350 MONROE STREET #183
FORT MYERS, FL 33901

* Should be TRAVIS, KYLE

Annual Reports

No Annual Reports Filed

Document Images

03/07/2025 – Domestic Profit	View image in PDF format