F18000005688

(Re	equestor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phon	e #)
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2024 GCT 23 PM 2: 49.

DEC 0 2 2024 D CUSHING

COVER LETTER

TO: Amendmen	nt Section Division of Corporation	ons			
SUBJECT: MY	IN3 Corporation				
•	Name MBER: <i>F180000856</i>	e of Corporation			
	dment and fee are submitted for				
Please return all cor	respondence concerning this ma	iter to the following:			
Mary 0	Feno Name of Contact Person				
OTERO	CPA, LLC Firm/Company				
1607 Pon	ce de Leon Blud, Address	Suite 109			
Coral Cea	City/State and Zip Code				
info@ ot	tenepa . com s: (to be used for future annual r			2	
E-mail addres	s: (to be used for future annual r	report notification)	,	024 '	-ac.: 9
For further information	tion concerning this matter, plea	se call:	•.	133	
Mary D	tero	at (786) 55) Area Code & Daytime	-2342	23	 i
Name	of Contact Person	Area Code & Daytime	Telephone Number	·:	7
Enclosed is a check	for the following amount:			2024 CCT 23 PH 2: 49	
□\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy	S52.50 Filing For Certificate of State Certified Copy	eei 🛬	

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

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I (1-3 MUST BE COMPLETED)

<i>F I</i>	8000005688	<u></u>			
	(Document number of corpo				
MYN3 Corporation					
(Name of cor	poration as it appears on the re	cords of the Department of Sta	te)		
2 Delaware	3	12/11/2018			
Name of corporation (Name of corporated under law	ws of)	12/11/2018 (Date authorized to do b	usiness in Florid	а)	
	SECTION	II			
(4-7 C	OMPLETE ONLY THE AP	PLICABLE CHANGES)			
4. If the amendment changes the name of the c	corporation, when was the cha	nge effected under the laws of i	its jurisdiction of	Ĩ.	
incorporation?					
5. (Name of corporation after the amendment			·····		
(Name of corporation after the amendment not contained in new name of the corporation	, adding suffix "corporation," on)	"company," or "incorporated,"	or appropriate at	breviat	ion, if
(If new name is unavailable in Florida, enter	r alternate corporate name ado	opted for the purpose of transact	ting business in l	Florida)	<u> </u>
6. If the amendment changes the period of	of duration, indicate new perio	d of duration.	C.	207	
			-3.2	0 h2	
- 	(New duration	on)	. · := .	2024 OCT 23	1
	(*	•		23	
7. If the amendment changes the jurisdict	tion of incorporation, indicate	new jurisdiction.		T 23 PH 2: 49	; b
				й	
_	(New jurisdict	ion)		5	
 If amending the registered agent and/or new registered agent and/or the new registered. 		Florida, enter the name of the	-		
	incida dince additessi				
Name of New Registered Agent					
	(Florida street ada	ress)			
New Registered Office Address:		, Florida			
	(City)	, , , , , , , , , , , , , , , , , , , ,	(Zip Code)	_	
New Registered Agent's Signature, if ch	anging Registered Agent:				
I hereby accept the appointment as register	red agent. I am familiar with	and accept the obligations of the	he position.		
<u> </u>					
Signature of New Registe	erea Ageni, ij changing				

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

Title/ Capacity	<u>Name</u>	Address Ty	pe of Action
<u>Director</u>	Santiago Figrereo	5200 Blue Layoun Dr.	_ 🗀Add
	•	Svite 235 Miami, Fl 3312	<u>b</u> ⊉ Remove
<u>Director</u>	Louis Manuel Silvestre	10138 Canopy Tree CT	XIAdd
		Orlando, FL 32838	_ Remove
			DAdd
			_ Remove
			_ □Add
			_ Remove
		· · · · · · · · · · · · · · · · · · ·	□Add
			_ Remove
 Attached is a of the applica under the law 	certificate or document of similar import, evition to the Department of State, by the Secrets of which it is incorporated.	ridencing the amendment, authenticated not mo ary of State or other official having custody of co	re than 90 days prior to delivery porate records in the jurisdiction
	Luna		
		or, president or other officer - if in the hands of ourt appointed fiduciary, by that fiduciary)	
20	(Typed or printed name of person signing)	Director	
	(Typed or printed name of person signing)	(Title of person s	igning)

FILING FEE \$35.00