

12/10/13

Division of Corporations

L12000089488

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000270351 3)))



H130002703513ABCW

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : MONAHAN MIJARES CPA PA
Account Number : I20050000157
Phone : (305) 407-1438
Fax Number : (305) 397-1003

FILED
 13 DEC 10 AM 8:32
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please**

Email Address: _____

RECEIVED

13 DEC 10 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
M. I. & T. SOLUTIONS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

DEC 11 2013

T. BROWN

FAX COVER SHEET

TO	DIVISION OF CORPORATION
COMPANY	FLORIDA DEPARTMENT OF STATE
FAX NUMBER	18506176383
FROM	Monahan Mijares CPA Monahan Mijares CPA
DATE	2013-12-10 16:30:21 GMT
RE	ARTICLES OF AMENDMENT

COVER MESSAGE

M. I. & T SOLUTIONS, LLC

H130002703513

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M. I. & T. SOLUTIONS, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Roark R. Monahan

Name of Person

MONAHAN-MIJARES CPA, PA

Firm/Company

2519 GALIANO STREET, SUITE

Address

CORAL GABLES, FL 33134

City/State and Zip Code

patricia.ramos@mma.com.ve

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roark R. Monahan

Name of Person

at (305) 407-1439

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

H130002703513

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

M. I. & T. SOLUTIONS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/10/2012 and assigned
Florida document number L12000089488

FILED
13 DEC 10 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

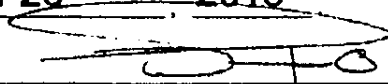
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Roark R. Monahan	2519 Galiano Street, Suite 703	<input type="checkbox"/> Add
		Coral Gables, FL 33134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated **November 26** **2013**



Signature of a member or authorized representative of a member

Wilmer Mata.

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00