

Div DEC 6, 2010 12:06 PM

CAPITAL CONNECTION

NO. 2514-8

Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 222-1222

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 DEC -6 PM 2:35

COR AMND/RESTATE/CORRECT OR O/D RESIGN
MYTS INC.

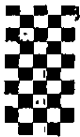
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Amend

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Corporate Filing Menu

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DEC. 6. 2010 12:06PM

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December 6, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MYTS INC.
5073 NORTH DIXIE HIGHWAY
OAKLAND PARK, FL 33334

SUBJECT: MYTS INC.
REF: P10000087006

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please accept our apology for failing to mention this in our previous letter.

Please show address for AIDA C. MORELLI.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

FAX Aud. #: H10000259983
Letter Number: 810A00028246

RECEIVED
10 DEC -6 PM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

Articles of Amendment
to
Articles of Incorporation
of

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 DEC -6 PM 2:35

MYTS INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P10000087006

(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:

New Registered Office Address:

(Florida street address)

(City)

Florida
(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

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)

Title	Name	Address	Type of Action
President	Joseph Morelli	5300 Washington	<input type="checkbox"/> Add
Vice President			<input checked="" type="checkbox"/> Remove
Secretary			
Treasurer			
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
President, Vice President	Aida C. Morelli	5873 N Dixie	<input checked="" type="checkbox"/> Add
Secy, Treasurer		Highway	<input type="checkbox"/> Remove
		Oakland Park FL 33334	

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

50% Aida C. Morelli

50% Joseph Affrunti

Remove Joseph Morelli entirely from
corporation ownership and any title.

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)

Cancel Joseph Morelli entirely from
corporation ownership and any title.

MYTS Share holders are:

50% Aida C. Morelli

50% Joseph Affrunti

The date of each amendment(s) adoption: 11/29/2010

(date of adoption is required)

Effective date if applicable: 11/29/2010

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

(CHECK ONE)

☐ 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)

☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated December 2, 2010

Signature

Aida C. Morelli

(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)

Aida C. Morelli

(Typed or printed name of person signing)

President

(Title of person signing)