P19000040540

(D)		<u> </u>
(Re	equestor's Name)	
(Ac	ldress)	
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	ty/State/Zip/Phone #)	
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PICK-UP	☐ WAIT	MAIL
(D.	isiness Entity Name)	
(DC	isiness Enuty Name)	
(Do	cument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MY IT 4 SUPPORT CORP
DOCUMENT NUMBER: P19000040540
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person MY IT + SUPPORT CORP Firm/ Company 18035 SW 156 AVI Address MIAME FL 33187 Gity/ State and Zip Code
E-mail aldress: (to be used for future angular report notification)
For further information concerning this matter, please call:
Name of Contact Person at (786) 523-2549 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) S52.50 Filing Fee & Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

MY IT 4 SUPPORT CORP

(Name of Corpora	tion as currently	filed with the Florida De	pt. of State)	
	P190000-		_ ,	
(Docu	iment Number of (Corporation (if known)		
Pursuant to the provisions of section 607.1006, Floric its Articles of Incorporation:	da Statutes, this <i>Ft</i>	orida Profit Corporation	adopts the following	ng amendment(s) to
A. If amending name, enter the new name of the c	corporation:			
name must be distinguishable and contain the word "c". "Inc.," or Co.," or the designation "Corp," "Inc.," chartered." "professional association," or the abbr		npany," or "incorporated professional corporation	" or the abbreviation ame must contain	_The new on "Corp.," n the word
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD.	le:			·····
west by ASTREET AD.	DKESS)			
				
C. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u>(2.X</u>)			
	-			
				 -
D. If amending the registered agent and/or register new registered agent and/or the new registered	red office address	in Florida, enter the na	me of the	
	office address:			
Name of New Registered Agent				
	(Florida street e	uddress)		
New Registered Office Address:				
	(Cit	ייי	, Florida	ude)
			7	2021
New Registered Agent's Signature, if changing Regit hereby accept the appointment as registered agent.	<mark>istered Agent:</mark> I am familiar with	and accept the obligation.	s of the position.	
Signa	iture of New Regisi	tered Agent, if changing		ب
Check if applicable			٠ ر	л n
\square The amendment(s) is/are being filed pursuant to s. 6	607.0120 (11) (e), I	F.S.		

If amending the Officers and/or Directors, enter the title and name of each officer/director being remo	yed and title name and
address of each Officer and/or Director being added:	und title, illine, und

(Attach additional sheets, if necessary)

Add

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: \underline{X} Change \underline{PT} John Doe X Remove V Mike Jones \underline{X} Add \underline{SV} Sally Smith Type of Action Title <u>Name</u> Address (Check One) P/D YOANI L ODIO RUBIO 18035 SW 156th AVE 1) ____ Change $\frac{X}{-}$ Add MIAMI, FL 33187 __ Remove P/VP JUNIOR LEDESMA 18035 SW 156 AVE 2) ____ Change MIAMI, FL 33187 ____ Add ___ Add __ Remove 4) ____ Change ____ Add __ Remove 5) ____ Change ___ Add __ Remove 6) ____ Change

	eets, if necessary). (Be spe	regiej		
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. If an amendment or	ovides for an exchange, rec	lassification or cancellat	ian al iccuad charac	
provisions for impl	ementing the amendment i	f not contained in the am	endment itself:	
(if not applicabl	e, indicate N/A)			
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The date of seal and the seal of the	APRIL 15, 2021		
The date of each amendment(s) ado date this document was signed.	ption:	-	, if other than th
Effective date if applicable:	APRIL 15, 2021		
	(no more than 90 days after amendment file date)	<u> </u>	
Note: If the date inserted in this bloc document's effective date on the Depa	ck does not meet the applicable statutory filing requirements, terment of State's records.	his date will n	ot be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were adopte action was not required.	ed by the incorporators, or board of directors without shareholde	er action and sh	areholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffice.	ed by the shareholders. The number of votes cast for the amend cient for approval.	ment(s)	
☐ The amendment(s) was/were approving the separately provided for each	ved by the shareholders through voting groups. The following s. ch voting group entitled to vote separately on the am <u>endment(s)</u>	tatement :	
"The number of votes cast for	the amendment(s) was/were sufficient for approval	2021 Jeal	
by		8.5	
	(voting group)	- cs	·
Dated Lik	175/21	PH	
(/)-		Ü	F
Signature		<u>2</u>	
selected, by	tor, president or other officer – if directors or officers have not by an incorporator – if in the hands of a receiver, trustee, or other fiduciary by that fiduciary)	peen court	
YC	DANI L ODIO RUBIO		
_	(Typed or printed name of person signing)		
PRI	ESIDENT		
	(Title of person signing)	— -	<u> </u>