

P21000092627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

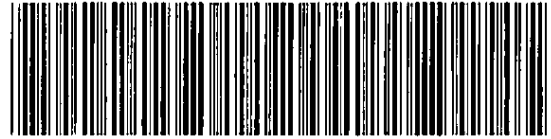
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
SEP 25 2023

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08/22/23--01010--012 **35.00

FILED
23 AUG 22 PM 12:24
TALLAHASSEE, FLORIDA

Secretary Florida State

Current Corporation Name: MACYATLITTLEHAVANA Accounting Group

Address: 1817 SW 8th St Miami, Florida 33135

Date: 08/17/2023

SunBiz – Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Dear SunBiz Representatives,

I am writing to you as the secretary of MACYATLITTLEHAVANA Accounting Group, registered under document number P21000092627.

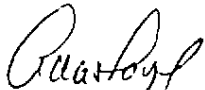
We would like to formally request a name change for our corporation. We are currently registered as MACYATLITTLEHAVANA Accounting Group and wish to change our name to MIAcount Corp.

The owner and legal representative of the corporation, Adasol Loyo Lozada, who holds 100% of the shares, has authorized and agreed to this change.

Enclosed are all the necessary documents required to facilitate this process. We await any further requirements or information you may need to proceed with the requested change.

Thank you for your attention and understanding, and we look forward to your prompt response.

Sincerely,



MACYATLITTLEHAVANA Accounting Group

ADASOL LOYO LOZADA

MOBIL: 786-8788178

FAX: 786 9998897

EMAIL: macyatlittlehavana1@gmail.com

Attc: Money Order 19-476852253 / \$35 fee

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MACYATLITTLEHAVANA ACCOUNTING GROUP
DOCUMENT NUMBER: P21000092627

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

Please return all correspondence concerning this matter to the following:

ADASOL LOYO LOZADA
Name of Contact Person
MACYATLITTLEHAVANA ACCOUNTING GROUP
Firm/ Company
1817 SW 8TH ST
Address
MIAMI, FL. 33135
City/ State and Zip Code
MACYATLITTLEHAVANA1@GAMILC.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ADASOL LOYO LOZADA at (786) 8788178
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:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
23 AUG 22 PM 12:24

MACYATLITTLEHAVANA ACCOUNTING GROUP

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

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

P21000092627

(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:

MIAccount Corp

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**)

1817 SW 8TH ST

MIAMI, FL. 33135

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

1817 SW 8TH ST

MIAMI, FL. 33135

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 ADASOL LOYO LOZADA

1817 SW 8TH ST

(Florida street address)

New Registered Office Address: MIAMI, Florida 33135
(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:

Change PT John Doe

Remove V Mike Jones

Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	_____	_____	_____
<input checked="" type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____

Florida

TEMPORARY
DRIVER LICENSE



NO. **L423-010-76-559-0** CLASS **E**



LOYO LOZADA
JADASOL JACQUELINE
1230 SALAMANCA AVE APT 12
CORAL GABLES, FL 33134

D.O.B. 02/19/1976 SEX **F**
EXP. 02/03/2024 HT **5-00"**
HAIR B EYES **NONE**

SAFE DRIVER
EX. 03/23/2022
LIC. 072203270189



Operator of a motor vehicle constitutes consent to any roadway test required by law