

P21000092627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

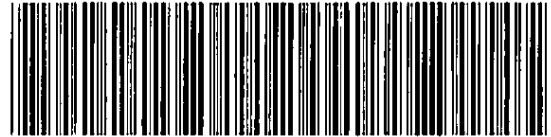
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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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.

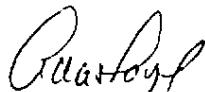
We would like to formally request a name change for our corporation. We are currently registered as MACYATLITTLEHAVANA Accounting Group and wish to change our name to MIAcount Corp.

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

Name of Contact Person

at ( 786 )

8788178

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$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

MACYATLITTLEHAVANA ACCOUNTING GROUP

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

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) (c), F.S.

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23 AUG 22 PM 12:24

DEPARTMENT OF STATE  
ALLIANCE, FLORIDA

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

Type of Action (Check One)	Title	Name	Address
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	_____	_____	_____

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

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)

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ 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 100 \_\_\_\_\_"  
(voting group)

08/17/2023  
Dated \_\_\_\_\_

Signature Quenol Lays  
(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)

Quenol Lays  
(Typed or printed name of person signing)

President  
(Title of person signing)

**Florida**

TEMPORARY  
DRIVER LICENSE



DL# L423-010-76-559-0 CLASS E



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

D OB 02/19/1978 SEX F  
EXP 02/03/2024 HT 5'-00"  
WT 120 LB HAIR B EYES NONE

SAFE DRIVER  
DL# 03/23/2022  
SC# 037205270189



Operator of a motor vehicle constitutes  
consent to any electronic data required by law