

P220000070808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

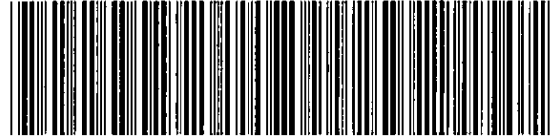
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

J. HORNE
SEP 25 2023

Office Use Only



000413923170

08/22/23--01010--011 **35.00

FILED
23 AUG 22 PM 12:19
CLERK OF DISTRICT COURT
JULIA A. LORRA

Secretary Florida State

Current Corporation Name: MACYATMIAMI INSURANCE CORP

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 MACYATMIAMI INSURANCE CORP, registered under document number P22000070808

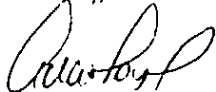
We would like to formally request a name change for our corporation. We are currently registered as MACYATMIAMI INSURANCE CORP Group and wish to change our name to MIAcover Corp.

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,



MACYATMIAMI INSURANCE CORP

ADASOL LOYO LOZADA

MOBIL: 786-8788178

FAX: 786 9998897

EMAIL: minsurancecorp@gmail.com

Attc: Money Order # 19-476852252 / \$35 fee

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MACYATMIAMI INSURANCE CORP

DOCUMENT NUMBER: P22000070808

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

MACYATMIAMI INSURANCE CORP

Firm/ Company

1817 SW 8TH ST

Address

MIAMI, FL. 33135

City/ State and Zip Code

MINSURANCECORP@GMAIL.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

FILED
23 AUG 22 PM 12:20
CLERK OF DISTRICT COURT
JULIA A. BERTONE, CLERK

MACYATMIAMI INSURANCE CORP

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

P22000070808

(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:

MIACover 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)

230 SALAMANCA AVE APT 12

MIAMI, FL, 33134

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.

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 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)

[This section contains horizontal lines for text entry, which are crossed out by a diagonal line.]

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)

[This section contains horizontal lines for text entry, which are crossed out by a diagonal line.]

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)

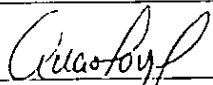
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

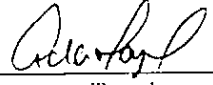
Adoption of Amendment(s) (CHECK ONE)

- ☒ 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 
(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)


(Typed or printed name of person signing)

President
(Title of person signing)