P24000002286

| (Re | questor's Name) | |
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| PICK-UP | WAIT | MAIL |
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| (Do | cument Number) | ì |
| Certified Copies | Certificates | s of Status |
| Special Instructions to I | Filing Officer: | |
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COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: MTIT SOLUTIONS CORP DOCUMENT NUMBER: ____ P 24000002286 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: GRACIELA ZAPICO

Name of Contact Person GZ ACCOUNTING SERVICES
Firm/ Company ZO20 Ne 163RD ST # 300 LT

Address

NORTH MIANI, FL 33162

City/ State and Zip Code GZAPICO O LIVE COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ORNCIELA 2APICO at (954) 376 9289

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: ☐\$52.50 Filing Fee **⊠** \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy 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

is enclosed)

Articles of Amendment to Articles of Incorporation of

| | 01 | ~ |
|---|---|--|
| | OLUTIONS CORP | for the consumer |
| (Name of Corporation | on as currently filed with the F | Clorida Dept. of State)* |
| P2400 | 0002286 | 2024 FEB 23 73 11 |
| (Docum | nent Number of Corporation (if l | known) |
| Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation: | i Statutes, this Florida Profit Co | rporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the co | orporation: | |
| | | The new |
| name must be distinguishable and contain the word "co"Inc.," or Co.," or the designation "Corp," "Inc." "chartered," "professional association," or the abbre | " or "Co". A professional co eviation "P.A." | corporated" or the abbreviation "Corp.," |
| B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD. | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO D. If amending the registered agent and/or register new registered agent and/or the new registered | red office address in Florida, e | nter the name of the |
| | | |
| Name of New Registered Agent | | |
| | (Florida street address) | |
| New Registered Office Address: | | , Florida |
| Sevingstered Office Hearten. | (City) | (Zip Code) |
| New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent. | I am familiar with and accept th | |
| Signe | ature of New Registered Agent, i | fchanging |
| Charles and the black land | | |

☐ 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)

Example:

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.

| X Change | <u>PT</u> | John Doc | | |
|----------------------------|--------------------------|--------------------|--------------------------|--|
| X Remove | <u>V</u> | Mike Jones | | |
| X Add | <u>sv</u> | Sally Smith | | |
| Type of Action (Check One) | <u>Title</u> | Name | Address | |
| 1) Change | <u>P</u> | MICHEL COCA MARIN | 405 NW 44 TH TERRACE | |
| Add | | | DEERGERD BENCH, FL 3314; | |
| _× Remove | | _ | | |
| 2) Change | $\overline{\mathcal{D}}$ | ROSELIN COCA MARIN | 1095 NE 33M CT | |
| _ <u>X_</u> Add | | | POMPANO BEACH, FL 33064 | |
| Remove Change | | | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | | | |
| Add | | | | |
| Remove | | | | |

| | eets, if necessary). | (Be specific) | | | |
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| i an amenament bi | lementing the ame | ndment if not conta | ined in the amendo | nent itself: | |
| provisions for impl | | | | | |
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| The date of each amendment(s) adoption:date this document was signed. | if other than th |
|---|--|
| ů, | |
| Effective date <u>if applicable</u> : | nore than 90 days after amendment file date) |
| Note: If the date inserted in this block does not me document's effective date on the Department of State | et the applicable statutory filing requirements, this date will not be listed as the s records. |
| Adoption of Amendment(s) (CHECK | ONE) |
| The amendment(s) was/were adopted by the incorpaction was not required. | orators, or board of directors without shareholder action and shareholder |
| ☐ The amendment(s) was/were adopted by the sharely by the shareholders was/were sufficient for appro- | holders. The number of votes east for the amendment(s) val. |
| must be separately provided for each voting group | |
| "The number of votes east for the amendmen | |
| by(voting gr | oup) |
| Dated 2/9/2024 Signature | De To |
| (By a director, president of | for other officer – if directors or officers have not been not bee |
| Mi | CHEL COCA MARIA I or printed name of person signing) |
| (Type | or printed name of person signing) |
| F | |
| (Title | of person signing) |