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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORP	ORATION: MTIT SOLUTION	S CORP	
	MBER: P24000002286		
	es of Amendment and fee are su	bmitted for filing	
Please return all cor	respondence concerning this ma	tter to the following:	
	GRACIELA ZAPICO		
		Name of Contact Persor	1
	GZ ACCOUNTING SERVICE	CES INC	
		Firm/ Company	· · · · · · · · · · · · · · · · · · ·
	2020 NE 163RD STREET SU	JITE 300LL	
		Address	
	NORTH MIAMI, FL 33162		
		City/ State and Zip Code	2
	GZAPICO@LIVE.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further informa	tion concerning this matter, pleas		003 6412
NI	ne of Contact Person	at () 993 6412 de & Daytime Telephone Number
Nair	e of Confact Person	Area Co.	ue & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	ortment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 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		Amend Divisio The Co	Address Internal Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

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(Name of Corporation as currently	filed with the Florida Dept. of State)
P24000002286	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	HSEP I
(Florida stre	et address)
New Registered Office Address:	Florida C - Florida C - Florida C - Florida -
	€ Section Sec
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	th and accept the obligations of the position.
Signature of New Re	gistered Agent, if changing

Check if applicable \Box 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)

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	PT	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	\underline{sv}	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
1) Change	D	MICHEL COCA MARIN	405 NW 44TH Terrace	
x Add			Deerfield Beach FL 33442	
Remove				
2) Change				
Add				
Remove Change	Đ	DOCULINI COCA MADINI	1095 NE 33RD CT DEERFIELD BEACH FL 33064	
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

	ticles, enter change(s) here: (Be specific)
4	
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	M
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If an annual mont appride for an available	hange, reclassification, or cancellation of issued shares,
provisions for implementing the amo	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
4	

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The date of each amendment(s date this document was signed) adoption:, it other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes c	ast for the amendment(s) was/were sufficient for approval
by	······································
Dated	(voting group) \[\frac{79}{2024} \(1000000000000000000000000000000000000
Signature (By :	director, president or other officer - if directors or officers have not been
selec	sted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	ROSELIN COCA MARIN
	(Typed or printed name of person signing)
	DIRECTOR
	(Title of person signing)