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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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: (850)617-6380

From:

Account Name : MIT PRODUCTS AND SERVICE, INC.

Account Number : 070402002741

: (305)677-3781

Phone Fax Number

: (305)433-7300

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.*

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COR AMND/RESTATE/CORRECT OR O/D RESIGN RAFAEL MOREL, C.P.A., P.A.

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Electronic Filing Menu

Corporate Filing Menu

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Help

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	COVER LETTER	The state of the s			
TO: Amendment Section Division of Corporations					
NAME OF CORPORATION: RAFAEL MOREL	C.P.A, P.A.				
DOCUMENT NUMBER: S59692					
The enclosed Articles of Amendment and fee are su	bmitted for filing.	- Contract of the contract of			
Please return all correspondence concerning this ma	tter to the following:				
YELISSA CASTELLO FERI	NANDEZ				
	Name of Contact Perso	on .			
MIT PRODUCTS AND SER	VICES INC				
<u> </u>	Firm/ Company				
3399 NW 72ND AVENUE S	STE 209 A				
	Address				
MIAMI, FLORIDA 33122	7				
1.14/4/4-2-1	City/ State and Zip Coo	le			
YELISSAMO@HOTMAIL.COM					
E-mail address: (to be us	sed for future annual report	t notification)			
For further information concerning this matter, please	se call:				
YELISSA CASTELLO FERNANDEZ	786	252 2450			
Name of Contact Person	Area Co	ode & Daytime Telephone Number			
Enclosed is a check for the following amount made	payable to the Florida Dep	eartment 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	Amen Divisi Cliftor 2661 I	Address dment Section on of Corporations n Building Executive Center Circle lassee, FL 32301			

07/17/2015 15:09 13054337300

RAFAEL MOREL CPA PA

H15000174491 3

Articles of Amendment Articles of Incorporation of



RAFAEL MOREL C.P.A., P.A.		如 F.
(Name of Corporati	ion as currently filed with the Florida Dept. of State)	
5 59692		
(Docur	ment Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florid s Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the follo	owing amendment(s)
. If amending name, enter the new name of the co	orporation;	
	·	The new
	rd "corporation," "company," or "incorporated" or the p," "Inc." or "Co". A professional corporation name neabbreviation "P.A."	
B. Enter new principal office address, if applicable Principal office address MUST BE A STREET ADD	e:	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	DX)	· ·
. If amending the registered agent and/or registered new registered agent and/or the new registered	red office address in Florida, enter the name of the office address:	
Name of New Registered Agent		Nacra-Management
Name of New Registered Agent		To the same of the
Name of New Registered Agent	(Florida street address)	22
Name of New Registered Agent New Registered Office Address:		<u>15</u>

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Evamala.

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.

X Change	PT	John Doe					
X Remove <u>V</u>		Mike Jones					
X Add	<u>şv</u>	Salfy Smith					
Type of Action (Check One)	Title	Name	Address				
1)Change	<u>v</u>	YELISSA CASTELLO FERNANDE 2	12605 NW 7 STREET				
X Add			MIAMI				
Remove			FLORIDA 33182				
2) Change	<u></u>						
Add							
Remove		·	·				
3) Change							
Add							
Remove		i					
4) Change	_						
Add							
Remove							
5) Change							
Add							
Remove							
6) Change							
Add							
Remove							

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		ı exchange, reclassif	ication, or cancellation	of issued shares.	
an amendme	at provides for an				
provisions for	implementing the	amendment if not o	ontained in the amend	ment itself:	
provisions for	ot provides for an implementing the licable, indicate N	amendment if not o	ontained in the amend	ment ifself:	
provisions for	implementing the	amendment if not o	contained in the amend	ment itself:	
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	07/17/2015	15:09	13054337300	RAFAEL MOREL CPA PA	PAGE 06/06
H15	000174491 The date of eac date this docume	h amendme	JULY 17, nt(s) adoption:	2015	, if other than the
	Totalia data S	fameliae bl	JULY 17, 2015	·	
	Effective date <u>i</u>	<u>гаррисари</u>	i(no m	ore than 90 days after amendment file date)	
	Note: If the date document's effective	te inserted i ctive date or	n this block does not meet the Department of State's	the applicable statutory filing requirements, this records.	date will not be listed as the
	Adoption of An	nendment(s	(CHECK O	<u>one</u>)	
			vere adopted by the shareho were sufficient for approval	iders. The number of votes cast for the amendmen	t(s)
				olders through voting groups. The following states entitled to vote separately on the amendment(s):	nent
	"The n	muper of vo	tes cast for the amendment(s) was/were sufficient for approval	
	by		(voting gro		
			(voting gro	up)	
	The amendm action was no		vere adopted by the board of	f directors without shareholder action and sharehol	der
	☐ The amendm action was no		vere adopted by the incorpor	rators without shareholder action and shareholder	
		Dated	-21	-	
		Signature	- Kall	al We	
		J	(By a director, president or	other officer - if directors or officers have not been	n
			selected, by an incorporate appointed fiduciary-by that	 r – if in the hands of a receiver, trustee, or other co fiduciary) 	urt
			RA	FALL MOREL	
			(Typed)	or printed name of person signing)	