## P01000119863

	(Requestor's Name)						
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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: DNVO INC.							
DOCUMENT NUMBER: P06000119863							
The enclosed Articles of	The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspo	ondence concerning this ma	tter to the following:					
		DELIA V OZOA					
<del></del>	<del></del>	Name of Contact Person					
	DNVO INC.						
_	Firm/ Company						
	1308 VIEWTOP DRIVE						
****	Address						
_	CLEARWATER, FL 33764						
	City/ State and Zip Code						
	vie	wtopgrouphome@hotmail.com					
	E-mail address: (to be us	ed for future annual report notifi	cation)				
For further information c	concerning this matter, pleas						
DELIA V (	DZOA	at ()	12-9138				
Name of	Contact Person	Area Code &	Daytime Telephone Number				
Enclosed is a check for the	he following amount made j	payable to the Florida Departmen	nt of State:				
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	Certified Copy C (Additional copy is coclosed) C	52.50 Filing Fee Certificate of Status Certified Copy Additional Copy s enclosed)				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Addr Amendment Division of C Clifton Build 2661 Execut Tallahassee	Section Corporations ling ive Center Circle				

## Articles of Amendment to Articles of Incorporation of

DNVO INC.

(Name of C	Corporation as currentl	y filed with the Florida Dept. o	f State)
	P06000119863		
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	06, Florida Statutes, this	Florida Profit Corporation adop	its the following amendment(s) t
A. If amending name, enter the new name	e of the corporation:		
N/A			The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	on "Corp," "Inc," or "	Co". A professional corporation	ted" or the abbreviation
B. Enter new principal office address, if a	innlicable:	N/A	
(Principal office address MUST BE A STR			<del></del>
		The state of the s	
C. Enter new mailing address, if applical	hle:	27/4	77 (A. 00)
(Mailing address <u>MAY BE A POST OF</u>		N/A	
			五五
			TE SEE
		-	
D. If amending the registered agent and/o			
new registered agent and/or the new r	egistered office address:		2: 46
Name of New Registered Agent	N/A		
	(Florida str	ret address)	
New Registered Office Address:	N/A	P.	lorida
		(City)	(Zip Code)
New Registered Agent's Signature, if char I hereby accept the appointment as registere			tithe navition
тителу иссерсте арронитет ах гедімеге	и адень — г <i>ат јаниаа</i> н м	ин ина ассерсте отпушоть од	те рознон.
	Signature of New Re	egistered Agent, if changing	

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: X Change	<u>PT</u>	John Doe			
$\underline{X}$ Remove $\underline{V}$		Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
1) Change	P	DELIA V OZOA	7093 CREEKSIDE COURT N.		
X Add	-		SAINT PETERSBURG, FL 33709		
Remove					
2) Change					
Add					
Remove					
3) Change		_			
Add					
Remove	•				
4) Change			_		
Add					
Remove					
5) Change		_	_		
Add					
Remove					
6) Change					
Add					
Remove					

<mark>f amending or adding additional Arti</mark> Attach <i>additional sheets, if necessary).</i>	(Be specific)
N/A	
	The second secon
an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	

The date of each amendment(s	) adoption: $N$	<u> </u>		, if other than the
date this document was signed.	MARCH	<i>0</i> 2.	2018	
Effective date <u>if applicable</u> : _	(no	more tha	20 †8 n 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the			plicable statutory filing requirements, this date w	ill not be listed as the
Adoption of Amendment(s)	( <u>CHECK</u>	ONE)		
☐ The amendment(s) was/were by the shareholders was/were			The number of votes cast for the amendment(s)	
			through voting groups. The following statement to vote separately on the amendment(s):	
"The number of votes of	ast for the amendmen	nt(s) was/	were sufficient for approval	
by			··	
	(voting g	roup)		
The amendment(s) was/were action was not required.	adopted by the board	l of direct	ors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the incor	porators v	vithout shareholder action and shareholder	
Dated^	narch o	2, 2	.018	
Signature	Al Cal			
(By sele	a director, president	or other o stor – if in	officer – if directors or officers have not been in the hands of a receiver, trustee, or other court	
	1	ELIA	V OZOA	
	(Type	d or print	t V OZOA ed name of person signing)	
		PR	ESIDENT/DIRECTOR	
	<u></u>	(Tit	tle of person signing)	