P 06000 19863

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: DNVO INC.			
DOCUMENT NUMB	ER:			
	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
		DELIA V OZOA		
-	Name of Contact Person			
	DNVO INC			
-		Firm/ Company		
	1308 VIEWTOP DR			
-		Address		
	Cl	EARWATER, FL 33764		
-		City/ State and Zip Code	:	
	viewt	opgrouphome@hotmail.cor	n .	
		sed for future annual report	· · · · · · · · · · · · · · · · · · ·	
	concerning this matter, please	se call:at (542-9138	
Name o	Contact Person	at (Area Co) de & Daytime Telephone Number	
	the following amount made		·	
■ \$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		Amend Divisio	Address Iment Section on of Corporations Building	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

DNVO INC.

	1217 (7) 1176.			
(Name of	Corporation as currently	filed with the Florida Dept. of St	ate)	
	P06000119863			
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statutes, this F	Torida Profit Corporation adopts the	he following amendr	nent(s) to
A. If amending name, enter the new nam	ne of the corporation:			
N/A			The ne	211,
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designa- word "chartered," "professional association	tion "Corp." "Inc." or "C	o". A professional corporation n	or the abbreviation	on
D. Enter may uninvival office address if	B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)			
(Principal office address MUST BE A ST				
C. Enter new mailing address, if applications	alılar			- 7
(Mailing address MAY BE A POST O		N/A		
				- H (
		-	•	
				-
D. If amending the registered agent and		ess in Florida, enter the name of t	<u>he</u>	
new registered agent and/or the new	•			
Name of New Registered Agent	N/A			
_	(Florida stre	et address)		
New Registered Office Address: _	N/A	, Florie	da	_
	1	Cityi	(Zip Code)	•
New Registered Agent's Signature, if cha Thereby accept the appointment as register	anging Registered Agent: red agent. I am familiar w	ith and accept the obligations of the	e position.	
,	,	•	•	
·				
	Characterists of Maria De-	ariotana I Count II alemanism		

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: <u>X</u> Change	. <u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	S	JAYMELYN VILLANUEVA	8500 BELCHER RD N. APT#113
X Add			PINELLAS PARK, FL 33781
Remove			
2) Change			
Add			
Remove			·
3) Change			
Add	•		
Remove			
4) Change			
Add			
Remove			
5) Change			<u> </u>
Add			
Remove			
6) Change	<u></u>		
Add			
Remove			

ttach additional sheets, if necessary).	(Be specific)
N/A	A
an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
rovisions for implementing the ame	ndment if not contained in the amendment itself:
tiffnat modinakla indinara MAN	
(if not applicable, indicate N/A)	
(ų not appuvame, mateate N/A) N/A	

N/A The date of each amendment(s) adoption:	, if other than the
date this document was signed. MAY 05, 2018 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 document's effective date on the Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment by the shareholders was/were sufficient for approval.	ndment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendmen	
"The number of votes east for the amendment(s) was/were sufficient for approval	
by N/A	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	nareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	older
MAY 05, 2018 Dated	
Signature	
(By a director, president or other officer - if directors or officers have r selected, by an incorporator - if in the hands of a receiver, trustee, or o appointed fiduciary by that fiduciary)	
DELIA V OZOA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	