P10000033341

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: DVANGEL, INC.			
	BER: P10000033341	,		
	s of Amendment and fee are su	hmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	Dennis Angel			
		Name of Contact	Person	
	DVANGEL			
		Firm/ Compa	my	
	5861 SW 14 Street			
	Address			
	West Miami, Florida 33144			
		City/ State and Zip	p Code	
	dennis_angel@bellsouth.net			
	E-mail address: (to be us	sed for future annual	report n	otification)
	on concerning this matter, pleas			4024304
Dennis Angel		at () 4026306
Name	of Contact Person	Ar	rea Code	e & Daytime Telephone Number
Enclosed is a check t	or the following amount made	payable to the Florida	a Depar	tment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing For Certified Copy (Additional copy enclosed)		☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Di ^c P.C	niling Address nendment Section vision of Corporations D. Box 6327 llahassee, FL 32314	7 1 1 2	Division The Cer 2415 N	nent Section of Corporations ntre of Tallahassee . Monroe Street, Suite 810 see, FL 32303

Articles of Amendment to Articles of Incorporation of

DVANGEL, INC.		
(Name of Corporation as currently	filed with the Florida Dept. of State)	
P10000033341		
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following	ig amendment(s) t
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."		ion "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		23 JUN
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:		PH 6: 35
Name of New Registered Agent		_
		_
(Florida stre	et address)	
New Registered Office Address:	, Florida	
((Zip	Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w		
Signature of New Re	gistered Agent, if changing	_
Check if applicable		

 \square 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)

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 Doc	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	D	Kelly Angel	5861 SW 14 Street West Miami, Fl
XAdd			.
Remove			
2) Change		_	
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change		_	
Add			
Remove			

Attach additional sheets, if necessar	articles, enter change(s) here: 9. (Be specific)		
-			
	·		
			
16		and the second of	
If an amendment provides for an eprovisions for implementing the a	renange, reciassification, or can mendment if not contained in th	ne amendment itself:	
(if not applicable, indicate N/A			
		•	
			-
	· · · · · · · · · · · · · · · · · · ·		

	06/14/2023	
The date of each amendment(s) a date this document was signed.	doption:	, if other than t
06/	14/2023	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this date w	ill not be listed as t
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder action at	nd shareholder
☐ The amendment(s) was/were ad- by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
must be separately provided for	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s): for the amendment(s) was/were sufficient for approval	
	(voting group)	
	(voting group)	
Dated		
Signature		
selecte	tirector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	Dennis Angel	
	(Typed or printed name of person signing)	
	President	

(Title of person signing)