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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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Special Instructions to	Filing Officer:	
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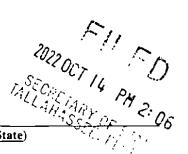


COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: DIV 3, INC.		
	BER: P13000035526		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	Gage Marsil		
	-	Name of Contact Person	<u> </u>
	DIV 3, INC		
		Firm/ Company	
	1440 S. Leavitt Ave		
		Address	
	Orange City, FL 32763		
		City/ State and Zip Cod	e
	gmarsil@chinchorelectric.com	m 9Marsil@di	vision3cocopons.com
	E-mail address: (to be us	sed for future annual report	
For further informati	on concerning this matter, pleas	se call:386	. 774-1020
	of Contact Person	at (Area Co) de & Daytime Telephone Number
	or the following amount made		
☐ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ar Di P.0	neiling Address nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Ameno Divisio The C 2415 I	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of



DIV 3, INC.

(Name of Corporation as currently filed with the Florida Dept. of State) P13000035526 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A. 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) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

☐ 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: X Change	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Presiden+	Kathryn Marie Quintana	1440 South Leavitt Avenue
Add			Orange City, FL 32763
X Remove			
2) Change	President	Timothy Ian Chinchor	1440 South Leavitt Avenue
x Add			Orange City, FL 32763
Remove 3) Change	CFO	Gage Marsil	1440 South Leavitt Avenue
x Add			Orange City, FL 32763
Remove			
4) X Change	<u>VP</u>	Rocco Savario DeRobertis	1440 South Leavitt Avenue
Add			Orange City, FL 32763
Remove	C1 0		
5) Change	<u>CLO</u>	Stav Bottner	1441 South Leavitt Avenue
X_Add			Orange City, EL 3263
Kemove			
6) Change			-
Add			
Remove			

(Attach addit	or adding additional attional states of the	y). (Be specific)			
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If an amané	lment provides for an	ovahonao zoolossi	fication or cancel	lation of issued sh	2205
provisions	for implementing the	amendment if not	contained in the	mendment itself:	<u> </u>
(if not a	applicable, indicate N/A	1)			

				<u> </u>	
			-		

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The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file d	ate)
Note: If the date inserted in this bedocument's effective date on the De	plock does not meet the applicable statutory filing requirent epartment of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adaction was not required.	opted by the incorporators, or board of directors without sha	reholder action and shareholder
☐ The amendment(s) was/were adby the shareholders was/were so	opted by the shareholders. The number of votes cast for the ufficient for approval.	amendment(s)
	proved by the shareholders through voting groups. The following group entitled to vote separately on the amend	
"The number of yores case	for the amendment(s) was/were sufficient for approval	
bu.		
	(voting group)	
_		
Dated	14/6/22	
Signature	/ /	
(By a c	lirector, president or other officer – if directors or officers had, by an incorporator – if in the hands of a receiver, trustee, ited fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	<u> </u>
	(Title of person signing)	