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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

AME OF CORPORATION: D.T.I. High Yes formance Corp.
OCUMENT NUMBER: P 200000 12229
he enclosed Articles of Amendment and fee are submitted for filing.
lease return all correspondence concerning this matter to the following:
Prodrigo Siaz De Vivav Name of Contact Person D.T.F. High Performance Firm/ Company 3302 Sw 176 Jess. Address Miramar Fl 33020 City/ State and Zip Code
E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call:
Name of Contact Person Name of Contact Person Area Code & Daytime Telephone Number
nclosed is a check for the following amount made payable to the Florida Department of State:
Status Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, Fl. 32303

Articles of Amendment

	10
Articles of	Incorporation

D.T. I. High Kerform	runce Corp.	
	y filed with the Florida Dept. of State)	
V 200000 12229		
(Document Number of	f 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 amendme	nt(s) t
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation." "c	The new	
"Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A "chartered," "professional association," or the abbreviation "P.A."	professional corporation name must contain the word	1
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		
		•
C. Enter new mailing address, if applicable:	277	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	<u>::</u>	
	0	
D. If amending the registered agent and/or registered office addr		
new registered agent and/or the new registered office address	<u>i</u>	
Name of New Registered Agent		
(Florida str	eet address)	
New Registered Office Address:	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar v	: with and accept the obligations of the position.	
Signature of New Ri	egistered Agent, if changing	
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) ((v) FS	
The amendment(3) is are being med paradam to 3, 007,0120 (11)	(~),	

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	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	$\underline{\cup}$	Pedro Gomez?	13816 N.W. 215I.
Add			Vembroke Pines
Remove			<u>FI 33028</u>
2) Change			<u> </u>
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change		<u> </u>	
Add			
Remove			

for an exchange, reclassification, or cancellation of issued shares,
ag the amendment if not contained in the amendment itself: $ate N/A$)
THE HOMES A RECLASSIFICATION OF ALL
5 AS FOILOWS
DIVIVAR TR P 50 B \$ 1.00 SHARTS
MAGE 50%
1174 F
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	if other than the
date this document was signed.	
Effective date if applicable: 020081 2020 (no more than 90 days after amendment file date)	
(no more than 40 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no document's effective date on the Department of State's records.	t be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and sha action was not required.	reholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	1
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Types or printed name of person signing)	
President	
(Title of person signing)	