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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: DVI TECH, IUC.
DOCUMENT NUMBER: P210000 79750
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
M. CRISTINA ROMERO & ASSOCIATES Firm/ Company 9485 SW 7240 ST # A-277 Address M, AM, FL. 33173 City/ State and Zip Code MCROMERO 705 Q, ICLOUD, COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
M CRISTINA RUMERU at (705) 271-777 Y Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee 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

Articles of Incorporation of

	01
	OUI TECH, INC.
(Name of Corporation	n as currently filed with the Florida Dept. of State)
Pa	210000 79750
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	rporation:
OUI TEACH, INC.	The new
name must be distinguishable and contain the word "corp	rporation." "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	20
(Principal office address <u>MUST BE A STREET ADDR</u>	RESS)
	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
C. Enter new mailing address, if applicable:	P
(Mailing address <u>MAY BE A POST OFFICE BOX</u>	<u> </u>
	<u>ر</u> بي
D. If amending the registered agent and/or registere	
new registered agent and/or the new registered of	since address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	Florida
•	(City) (Zip Code)
Now Design and Amenda Signature if sharping Design	
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. It	am familiar with and accept the obligations of the position.
	CV D :
Signati	ture 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)

Add

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:	unu san	y Smith, St. da dh Maa.	
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>	<u>Addres</u> s
1) Change		·	·
Add			1.735.75
Remove			
2) Change		_	
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			-
5) Change			
Add			
Remove			
6) Change			

	heets, if necessary).	. (Be specific)				
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for omendment	amaridas faman ara		ication, or cancens	ation of issued sha	I Ca,	
f an amendment j	provides for an exc plementing the am	change, reclassifiend	contained in the ar	nendment itselt:		
provisions for im	provides for an exc plementing the am tble, indicate N/A)	change, reclassif	contained in the ar	nendment itself:		
provisions for im	plementing the am	change, reclassifiendment if not	contained in the ar	nendment itself:		
provisions for im	plementing the am	change, reclassifiendment if not	contained in the ar	mendment itself:		
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provisions for im	plementing the am	enange, reciassii		mendment itself:		

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The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file dat	
	(no more than 90 days after amendment file dat	r)
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirement of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without share	holder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes east for the artificient for approval.	nendment(s)
	roved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amendme	
	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Signature (By a do	ector, president or other officer – if directors or officers have	
	, by an incorporator – if in the hands of a receiver, trustee, or ed fiduciary by that fiduciary)	other court
 -	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	PRESIDENT	
- -	(Title of person signing)	