P2300003531

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: DVLS SOLUTION	NS CORP	
DOCUMENT NUM	P23000023534		 .
The enclosed Article	es of Amendment and fee are su	abmitted for filing.	
Please return all con	respondence concerning this ma	atter to the following:	
	ALIUCHA LOPEZ MENES		
		Name of Contact Person	n
	DVLS SOLUTIONS CORP		
		Firm/ Company	_
	3195 REO LN		
	-	Address	
	LAKE WORTH, FL 33461		
		City/ State and Zip Cod	e
	Villarealglenda85@gmail.co	m	
	E-mail address: (to be us	sed for future annual report	notification)
For further informat	ion concerning this matter, plea	se call:	
Glenda Villareal		at (305	9270477 de & Daytime Telephone Number
Name	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 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 Tallahassee, FL 32314		Amend Divisio The Co	Address ment Section in of Corporations entre of Tallahassee V. Monroe Street. Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

DVLS SOLUTIONS CORP

(Name of Corneration as c	currently filed with the Florida Dept. of State)
P23000023531	arrents mea with the Florida Dept. of State
(Document Nu	umber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statut its Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporal	tion:
	The new
name must be distinguishable and contain the word "corporat "Inc.," or Co.," or the designation "Corp," "Inc," or "Corporation" or the abbreviation	tion," "company," or "incorporated" or the abbreviation "Corp.," Co". A professional corporation name must contain the word "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 offinew registered agent and/or the new registered office a	
Name of New Registered Agent	~
(Fla	(City) Florida (Zip Code) PH 23 ARY 23 (Zip Code) PH 25 27 28 Agent:
New Registered Office Address:	Florida
	(City) (Zip Code) 🚆 💠
	<i>∾</i>
New Registered Agent's Signature, if changing Registered	LAgent:
I hereby accept the appointment as registered agent. I am fa	
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.

X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	\underline{v}	Mike Jo	<u>ones</u>	
X Add	<u>\$V</u>	Sally Si	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	D		ALIUCHA LOPEZ MENES	3195 Reo Ln
X Add				Lake Worth, 33461
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add		_		
Adu Remove				
Kemove				

amending or adding additional A atach additional sheets, if necessary). (Be specific)	 *		
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an amendment provides for an ex	change, reclassification, o	r cancellation of issued	shures,	
rovisions for implementing the ar (if not applicable, indicate N/A)	nenament it not contained	in the amendment itsel	<u> </u>	
(9 0000 0, 1000 0, 0000 0, 0000 0, 0000)				
		<u> </u>	<u>-</u>	
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	05/01/2023	
The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
	01/2023	
Effective date <u>if applicable</u> :	/ / OO / G /	
	(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 will epartment of State's records.	I not be listed as the
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 and	l shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	, ,	
. —	(voting group)	
(By a di selected appoint	irector, 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) ABEL DAVALOS AROCHA (Typed or printed name of person signing)	
	President - Register Agent	
	(Title of person signing)	