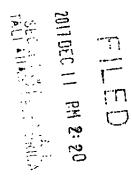
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COVER LETTER

TO: Amendment Section

Division of Corporations OROVEN INC NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JULIAN SÍGLER Name of Contact Person Firm/ Company 36 NE 1 STREET SUITE 106 Address MIAMI, FL 33132 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JULIAN SIGLER at (305) 491-2000

Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$43.75 Filing Fee & S35 Filing Fee □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

OROVEN INC				
	(Name of Corporation as currently	filed with the Florida Dept. of State)	
P03000045949				
 -	Document Number of C	Corporation (if known)		
'	(Boetinen Pumber of	Eviporation (1) knowny		
Pursuant to the provisions of sectits Articles of Incorporation:	ion 607.1006, Florida Statutes, this F	lorida Profit Corporation adopts the f	ollowing amendmer	ıt(s) to
A. If amending name, enter the	new name of the corporation:			
			The new	
"Corp.," "Inc.," or Co.," or th	nd contain the word "corporation, e designation "Corp," "Inc," or "C association," or the abbreviation "P	" "company," or "incorporated" of "o". A professional corporation name.".A."	the abbreviation e must contain the	
B. Enter new principal office a	ddress, if applicable:			
(Principal office address <u>MUST</u>	BE A STREET ADDRESS)			
			201 5. S.	
C. Enter new mailing address.	if applicable:		TO BE	
(Mailing address MAY BE A			19.	1
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	gent and/or registered office addre the new registered office address:	ss in Florida, enter the name of the	\$60 C	
new registered agent and/or	the new registered order address.			
Name of New Registered	hAgent			
	· ·			
	(Florida stree	ri address)	 	
New Registered Office A	delmano	, Florida		
New Registered Office A		City)	(Zip Code)	
New Registered Agent's Signat	ure, if changing Registered Agent:			
I hereby accept the appointment	ås registered agent. I am familiar wi	th and accept the obligations of the po	osition.	
	[
	Signature of New Re	gistered Agent, if changing		

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 Doe	
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) X Change	s	JULIAN SIGLER	36 NE I STREET SUITE 106
Add		·	MIAMI, FL 33132
Remove			
2) Change	P	DEVON JULIAN SIGLER	36 NE I STREET SUITE 106
X Add			MIAMI, FL 33132
Remove			
3) Change			
Add			
Remove			
	'		
4) Change			
Add			
Remove			
5) Change			
Add		ı	
Remove		11	
6) Change	 -	<u> </u>	
Add			
Remove			

(Attach additional sheets, if n	lional Articles, enter change(s) here:
(Attach additional sheets, if no	icessary). (Be specific)
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	<u> </u>
,	·
. <u></u> -	
	11
If an amendment provides f	or an exchange, reclassification, or cancellation of issued shares,
provisions for implementing	g the amendment if not contained in the amendment itself:
(if not applicable, indica	ile N/A)
	<u>- </u>
	1

The date of each amendment(s)	12/06/2017 adoption:	_, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will be be because of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were aby the shareholders was/were	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ist for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
12/06/20 Dated		
Signature		_
	director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court	
	ointed fiduciary by that fiduciary)	
	JULIAN SIGLER	
	(Typed or printed name of person signing)	
	SECRETARY	
	(Title of person signing)	
	II	