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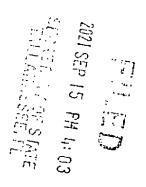
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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: ROWAN TREE INVESTMENTS, INC. DOCUMENT NUMBER: P04000106196 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ALEXANDER G CUBAS Name of Contact Person ALEXANDER G. CUBAS, P.A. Firm/ Company 3105 NW 107 AVENUE SUITE 602-A Address **DORAL FL 33172** City/ State and Zip Code ACUBAS@CUBASLAW.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305) 595-6337

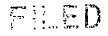
Area Code & Daytime Telephone Number ALEXANDER G. CUBAS Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee

Articles of Amendment Articles of Incorporation of



ROWAN TREE INVESTMENTS, INC.			2021 SEP 15 PM 4: 03
(Name	of Corporation as curren	tly filed with the Florida D	ept. of State)
P04000106196			SECULTANT OF STATE
	(Document Number	of Corporation (if known)	Mithenstire
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation	adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc," or "Co".	A professional corporation	d" or the abbreviation "Corp.,"
B. Enter new principal office address,	if applicable	3105 NW 107 AVENU	E
(Principal office address MUST BE A S		STE 602-A	 ,
		DORAL FL 33172	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		3105 NW 107 AVENU	E
		STE 602-A	
		DORAL FL 33172	
D. If amending the registered agent an new registered agent and/or the ne			name of the
Name of New Registered Agent	ALEXANDER G. CUB/	AS, P.A.	
name ty the negative angum	3105 NW 107 AVENUE	STE 602-A	
	(Florida s	treet address)	
New Registered Office Address:	DORAL		, Florida ³³¹⁷²
		(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

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)

Example:

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	<u>V</u>	Mike Jo	<u>mes</u>	
X Add	<u>SV</u>	Sally Sı	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
l)Change				
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach additional sheets, if necessary).	(Be specific)
	<u> </u>
If an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
	<u> </u>

F1	08-01-2021	
The date of each amendment(s) date this document was signed.	adoption:, if o	ther than th
•	-01-2021	
offective date <u>if applicable</u> :	-01-2021	
	(no more than 90 days after amendment file date)	
lote: If the date inserted in this ocument's effective date on the I	block does not meet the applicable statutory filing requirements, this date will not be Department of State's records.	listed as th
doption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	lopted by the incorporators, or board of directors without shareholder action and shareholder	older
The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
must be separately provided fo	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s): It for the amendment(s) was/were sufficient for approval	
by SHAREHOLDER		
.,	(voting group)	
08-13-202 Dated	I	
Signature	Dane	
(By a c	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	ALEXANDER G. CUBAS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	_