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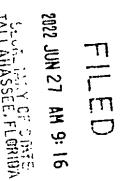
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: Namib Rock Invest	ments Inc.	<u></u>
DOCUMENT NUM	P20000081007		
The enclosed Article.	s of Amendment and fee are sul	omitted for filing.	
Please return all corre	espondence concerning this mat	ter to the following:	
	Robin Burton		
	··	Name of Contact Person	
	Baldwin Accounting CPA, P.	A.	
		Firm/ Company	
	5728 Major Blvd., Suite 501		
		Address	· · · · · · · · · · · · · · · · · · ·
	Orlando, FL 32819		
		City/ State and Zip Code	
	Robin@baldwinaccountingcr	oa.cmo	
	E-mail address: (to be us	ed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
Robin Burton		at (_) 363-0890
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:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ar Di P.	ailing Address mendment Section vision of Corporations O. Box 6327 Illahassee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Namib Rock Investments Inc.

(Name of Corporation as current	ly filed with the Florida Dept. of State)
P0000081007	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," " "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	— Six M
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	意。6
D. If amending the registered agent and/or registered office add	
new registered agent and/or the new registered office address	<u>s:</u>
Name of New Registered Agent	
(Florida st	reet address)
New Registered Office Address:	. Florida
new register en office return but.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	
Thereby decept the appointment as registered agent. I am juntified	and decept the bouguitons of the position.
Signature of New I	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 <math>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>	<u>Addres</u> s
1) Change	D	Clinton Payne	5728 Major Blvd., Ste 510
Add X Remove			Orlando, FL 32819
2) Change			
Remove 3) Change			
Add Remove 4) Change			2822 SUN
Add Remove 5) Change Add		<u> </u>	N 27 AM 9 16
Remove 6)ChangeAdd			
Remove			

Attach additional sheets, if necessa	1 Articles, enter chary). (Be specific))			
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f an amendment provides for an provisions for implementing the	<u>n exchange, reclass</u> e amendment if no	ification, or cand t contained in the	ellation of issued amendment itse	shares, lf:	
(if not applicable, indicate N	/A)				
<u>. </u>					· · · · · · · · · · · · · · · · · · ·
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			<u>-</u> ,		

The date of each amendment(s) adopt date this document was signed.	otion:	, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament fite date)	
Note: If the date inserted in this bloc document's effective date on the Depa	ck does not meet the applicable statutory filing requirements, this dat rtment of State's records.	e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adopte action was not required.	ed by the incorporators, or board of directors without shareholder action	on and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficiently.	ed by the shareholders. The number of votes cast for the amendment(scient for approval.	
☐ The amendment(s) was/were appromust be separately provided for ea	ved by the shareholders through voting groups. The following stateme sch voting group entitled to vote separately on the amendment(s):	FIL 202 JUN 2
"The number of votes cast for	r the amendment(s) was/were sufficient for approval	27
by	."	SECOND PORTION
	(voting group)	
		AH 9: 11
June 14, 2022		受所の
Dated		,
Signatura V		
selected,	ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other cour	t
appointed	fiduciary by that fiduciary)	
Ja	aco Robberts	
_	(Typed or printed name of person signing)	
D	irector	
_	(Title of person signing)	