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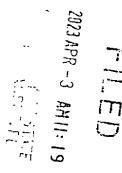
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: CAPITAL EM IN	VESTMENTS INC			
	BER: P22000092122				
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.			
Please return all corre	spondence concerning this ma	atter to the following:			
	EMMA ROJAS				
	Name of Contact Person				
	-	Firm/ Company			
	4840 ALBERTA AVE				
	Address				
	WEST PALM BEACH, FL 3	33417			
		City/ State and Zip Cod	૯		
	Emmarojas.re@gmail.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further informatic	on concerning this matter, plea	se call:			
EMMA ROJAS		at (<u>561</u>	386-7474		
Name of Contact Person		Area Code & Daytime Telephone Number			
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 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		Amend Divisio	Address Iment Section on of Corporations entre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

	of	
CAPITAL EM INVESTMENTS INC		
(<u>Name of Corporation a</u>	s currently filed with the Florida De	ept. of State)
P22000092122		
(Document	Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006. Florida Statits Articles of Incorporation:	tutes, this Florida Profit Corporation	adopts the following amendment(s
A. If amending name, enter the new name of the corpor	ration:	
EMMA ROJAS INC	-	
name must be distinguishable and contain the word "corpor "Inc." or Co.," or the designation "Corp." "Inc." or "chartered." "professional association." or the abbreviation	"Co". A professional corporation	The new I' or the abbreviation "Corp.," name must contain the word
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>5.S</u>)	202
		23 Ap
C. Enter new mailing address, if applicable:		ينز لم
(Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered of	ffice address in Florida, enter the na	ame of the
new registered agent and/or the new registered office	e address:	gine of the
Name of New Registered Agent		
	Florida street address)	
New Registered Office Address:		131 - 11
is a regimered contact reduces.	(City)	Florida
		·
New Registered Agent's Signature, if changing Registere	ed Agent:	
I hereby accept the appointment as registered agent. I am j	familiar with and accept the obligation	ns 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)

Please note the officer/director title by the first letter of the office title:

 Δdd

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = ChiefExecutive Officer, CFO = Chief Financial Officer. If an officer/director holds more than one tule, 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 <u>PT</u> John Doe X Remove $\underline{\mathsf{V}}$ Mike Jones X Add \underline{SV} Sally Smith Type of Action <u>Title</u> Name <u>Address</u> (Check One) 1) ____ Change ____ Add Remove 2) ____ Change ____ Add _ Remove 3) ____ Change ____ Add __ Remove 4) ____ Change ____ Add Remove 51 ____ Change ____ Add __ Remove 6) ____ Change

	y), (Be specific)			
				
				
				
				
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f an amendment provides for an e	vchange, reclassificat	ion, or cancellation	of issued shares,	
provisions for implementing the a	mendment if not cont	ion, or cancellation ained in the amend	of issued shares, ment itself:	
f an amendment provides for an e provisions for implementing the a (if not applicable, indicate N/A)	mendment if not cont	ion, or cancellation ained in the amend	of issued shares, ment itself:	
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f an amendment provides for an e provisions for implementing the a (if not applicable, indicate N/A)	mendment if not cont	ion, or cancellation tained in the amend	of issued shares, ment itself:	
provisions for implementing the a	mendment if not cont	ion, or cancellation tained in the amend	of issued shares, ment itself:	

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	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirements, to Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without sharehold	er action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amend sufficient for approval.	lment(s)
	approved by the shareholders through voting groups. The following stor each voting group entitled to vote separately on the amendment(s)	
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
03/28/20 Dated Signature	Jua Rejon	
sele	a director, president or other officer – if directors or officers have not sted, by an incorporator – if in the hands of a receiver, trustee, or othe pinted fiduciary by that fiduciary)	
	EMMANYUARTH ROJAS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	