P20000087199

	(Requestor's Name)
	(Address)
	(Address)
· · · · · · · · · · · · · · · · · · ·	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
-1-2	(Business Entity Name)
	(Document Number)
erufied Copies	Certificates of Status
Special Instructions to	Filing Officer:
	<u> </u>

Office Use Only



100397936991

2022 NOT 28 PH 3: 59

2022 115 / 25 / 7.5 11: 32

A. BUTLER NOV 2 9 2022

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500				
ACCOUNT NO. : 12000000195				
REFERENCE : 158894 8020289				
AUTHORIZATION :				
COST LIMIT : 55.00 Common				
ORDER DATE: November 28, 2022				
ORDER TIME : 10:06 AM				
ORDER NO. : 158894-005				
CUSTOMER NO: 8020289				
DOMESTIC AMENDMENT FILING NAME: PROBELTE USA CORP				
EFFECTIVE DATE:				
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING				
CONTACT PERSON: Alexxis Weiland EXT#				

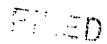
EXAMINER'S INITIALS:

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: PROBELTE USA.	CORP			
DOCUMENT NUMB	P20000087199	-			
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.			
Please return all corres	pondence concerning this mat	tter to the following:			
	Arantxa Jordan				
•		Name of Contact Person			
	RC Law LLP				
•		Firm/ Company			
	175 SW 7 ST, SUITE 1712				
•		Address			
	Miami, FL, 33130				
	<u>.</u>	City/ State and Zip Code			
	arantxa.jordan@rclawllp.net				
-	E-mail address: (to be us	ed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
Arantxa Jordan		at (at (, 		
Name o	f Contact Person	Area Coo	le & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:		
■ \$35 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)		
Ame Divis P.O.	ing Address Indment Section Ission of Corporations Box 6327 Issaee, FL 32314	Amend Divisio The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee I. Monroe Street, Suite 810 ssee, FL 32303		

Articles of Amendment to Articles of Incorporation



			**** 1******
PROBELTE USA, CORP.		2022 NO	14 20 nu -
(Name of Corpo	ration as currently filed with the Fl	lorida Dept. of	State 7 7 3: 59
P20000087199			O MOTHER
(Do	cument Number of Corporation (if ki	nown)	
Pursuant to the provisions of section 607.1006. Flo ts Articles of Incorporation:	orida Statutes, this <i>Floridu Profit Cor</i>	<i>poration</i> adopts	the following amendme
A. If amending name, enter the new name of th	e corporation:		
Agronova Biotech USA, Corp			The new
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "I "chartered." "professional association," or the ab	nc," or "Co". A professional cor,	orporated" or th poration_name	e abbreviation "Corp.," must contain the word
B. Enter new principal office address, if applica	1.1		
Principal office address <u>MUST BE A STREET</u> A			
	<u>(1DDRESS</u>)		
Principal office address MUST BE A STREET A C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX) stered office address in Florida, en	ter the name of	- the
Principal office address MUST BE A STREET A C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) D. If amending the registered agent and/or registered agent and/or the new register	BOX) stered office address in Florida, en	ter the name of	T the
Principal office address MUST BE A STREET A C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) D. If amending the registered agent and/or registered agent and/or the new registered.	BOX) stered office address in Florida, en	ter the name of	T the
Principal office address MUST BE A STREET A C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) D. If amending the registered agent and/or registered agent and/or the new registered.	BOX) stered office address in Florida, en	ter the name of	

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)

Remove

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	<u>PT</u>	John Do	<u>ee</u>	
X Remove	<u>V</u>	Mike Jo	nes	
_ <u>X</u> Add	_ <u>sv</u>	Sally Sn		
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
l) Change		_		
Add				·—
Remove				
2) Change		<u> </u>		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				

If amending or adding additional Artic (Attach additional sheets, if necessary).	(Re specific)
The conditional sheets, if hecessary.	(ine specific)
	
	- '- '
	,
	and the same of th
	* Walter ** **
	
	
 ,	· · · · · · · · · · · · · · · · · · ·
If an amandment provides for an each	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amount	ndment if not contained in the amendment itself:
provisions for implementing the amer	nament it not contained in the amendment usen:
(if not applicable, indicate N/A)	
	14-12-12-12-12-12-12-12-12-12-12-12-12-12-
<u></u>	

.

•

The date of each amendment(date this document was signed.	s) adoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendme	nt file date)
Note: If the date inserted in the document's effective date on the	nis block does not meet the applicable statutory filing relations of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors with	nout shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	e adopted by the shareholders. The number of votes cast re sufficient for approval.	for the amendment(s)
	approved by the shareholders through voting groups. If for each voting group entitled to vote separately on the	
	cast for the amendment(s) was/were sufficient for appro	val
by		<i>;</i> •
	(voting group)	
11/14/ Dated	2022	Circumsta dinisatas sas sas
Dated	21474117Y ARTURO	Firmado digitalmente por 21474117Y ARTURO LIZON (R:
Signatura	LIZON (R: A30013791)	A30013791) -Fecha: 2022.11.23.23:00:20.±01'00'
(By sele	a director, president or other officer – if directors or offected, by an incorporator – if in the hands of a receiver, sointed fiduciary by that fiduciary)	icers have not been
	Arturo Lizón Nordström	
	(Typed or printed name of person signin	g)
	Chief Executive Officer	
	(Title of person signing)	