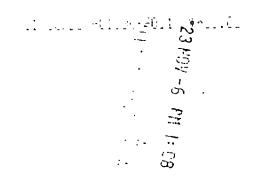
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Special Instructions to	Filing Officer:	
		J. HORNE NOV 16 2023
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: INNO CONFINE	INC.		
DOCUMENT NUM				
The enclosed Article:	s of Amendment and fee are so	abmitted for filing.		
Please return all corre	espondence concerning this ma	atter to the following:		
		Name of Contact Perso	n	
	YUS CPA CORP			
		Firm/ Company		
	PO BOX 78952 CORONA O	TA 92877		
		Address		
		City/ State and Zip Cod	e	
	F-mail address: (to be u	sed for future annual report	natification	
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Lon Conthornio Comments	sa aana mina thia mata - 1	a		
rot tuttice informatic	on concerning this matter, plea	se can:		
		at ()	
Name	of Contact Person	Area Co) de & Daytime Telephone Number	
Enclosed is a check fo	or the following amount made	payable to the Florida Dep	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)	
Ma	iling Address	Street	Address	
Am	endment Section	Amendment Section		
	ision of Corporations		on of Corporations	
	. Box 6327 lahassee, FL 32314		entre of Tallahassee N. Monroe Street. Suite 810	
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Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation \mathbf{of}

	Articles of Amendment	ري.
	to Articles of Incorporation	1
	of	1. %
INNO CONFINE INC.		o
(Name of C	orporation as currently filed with the Florida Dept, of Stat	<u>(e)</u> .
P23000009094		
	(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1000 its Articles of Incorporation:	6, Florida Statutes, this Florida Profit Corporation adopts the	following amendm
A. If amending name, enter the new name	of the corporation:	
AGRORA CROPSCIENCE INC		The ne
B. Enter new principal office address, if ap	pplicable:	
(Principal office address <u>MUST BE A STRE</u>		
(Principal office address <u>MUST BE A STRE</u> C. <u>Enter new mailing address, if applicab</u> (Mailing address <u>MAY BE A POST OF I</u>	eet Address)	
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OF) D. If amending the registered agent and/or new registered agent and/or the new re	r registered office address in Florida, enter the name of the	<u>e</u>
C. Enter new mailing address, if applicab (Mailing address <u>MAY BE A POST OFI</u> D. If amending the registered agent and/o	ole: FICE BOX) r registered office address in Florida, enter the name of the egistered office address:	<u>e</u>
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OF) D. If amending the registered agent and/or new registered agent and/or the new re	ole: FICE BOX) r registered office address in Florida, enter the name of the egistered office address:	<u></u>
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OF) D. If amending the registered agent and/or new registered agent and/or the new re Name of New Registered Agent	ole: FICE BOX) r registered office address in Florida, enter the name of the egistered office address:	

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 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 Doe	
\underline{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
I) Change			
Add			
Remove			
2) Change			
Add			1 81
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
 5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
Kemove			

	eets, if necessary). (B	Be specific)			
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an amendment or	ovides for an exchang	e, reclassification, o	r cancellation of issu	ed shares,	
an amenument DE	ementing the amendm	ent if not contained	in the amendment i	tself:	
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09/05/2023 The date of each amendment(s) 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 this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s) "The number of votes cast for the amendment(s) was/were sufficient for approval (voting group) 09/05/2023 Dated Signature (By a director, presiden) wither officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) ZHUNZHEN DING (Typed or printed name of person signing) DIRECTOR

(Title of person signing)