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A. RAMSEY DEC 0 2 2021

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: NOBLE ROOTS I	BUSINESS SERVICES CO	RP				
The enclosed Articles of Amendment and fee are so	abmitted for filing.					
Please return all correspondence concerning this ma	atter to the following:					
MONICA USCATEGUI						
	Name of Contact Person					
GREENLIGHT FINANCIA						
	Firm/ Company					
7480 BIRD RD SUITE 810						
	Address					
MIAMI, FL 33155						
	City/ State and Zip Code					
MUSCATEGUI@GREENL	IGHTFINANCIAL.NET					
E-mail address: (to be u	sed for future annual report	notification)				
For further information concerning this matter, plea	ase call:	. 860-5970				
Name of Contact Person		_) le & Daytime Telephone Number				
Enclosed is a check for the following amount made		•				
\$35 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

Amendment Section
Division of Corporations
P.O. Box 6327

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee

Articles of Amendment to Articles of Incorporation of

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2021 NOV.	LU
2021 NOV 10	PHI2 D

NOBLE ROOTS BUSINESS SERVICES CORP

HORLE KOOTS BOSINESS SEKVICES CORP	MARCHE ME NI
(Name of Corporation as c	currently filed with the Florida Dept. of State)
20000085382	THE STATE
(Document Nu	umber of Corporation (if known)
ursuant to the provisions of section 607.1006. Florida Statutes Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following amendme
. If amending name, enter the new name of the corporat	tion:
	The new
ame must be distinguishable and contain the word "corporati Inc.," or Co.," or the designation "Corp," "Inc," or "C chartered," "professional association," or the abbreviation	tion." "company," or "incorporated" or the abbreviation "Corp.," Co". A professional corporation name must contain the word i "P.A."
Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS	
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(musing address MAT DE A FOST OFFICE BOA)	·
Tr. N. A.	
. If amending the registered agent and/or registered office new registered agent and/or the new registered office a	<u>ce address in Florida, enter the name of the</u> address:
Name of New Registered Agent	
	orida street address)
1710	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	(City) , Florida, (Zip Code)

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.

Example:

X Change	<u>PT</u>	<u>John I)c</u>	<u>De</u>	
X Remove	Ϋ́	Mike Jo	ones	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	DVP	_	RAYKO BELLMAS	220 WEST 63RD STREET
Add			-	HIALEAH, FL 33012
X Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
が Change				
Add				
Remove				

a wacn aaamona	adding additional Ar ul sheets, if necessary).	(Be specific)			
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			,	 -	
lf an amendmen	t provides for an excl	hange, reclassifica	ition or cancellat	ion of issuad shor	45
provisions for it	mplementing the ame	endment if not cor	tained in the am	endment itself:	55.
(if not appli	cable, indicate N/A)				
					
					
					
					-

And the second second

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this date of Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder action a	and shareholder
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were a must be separately provided for	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
11/04/20: Dated		
Signature	4No To	
(By a select	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 nted fiduciary by that fiduciary)	
	ERIKA TORRES	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	