P23000017760

(Re	equestor's Name)	
(Ad	ldress)	· · · · · ·
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(Cit	ty/State/Zip/Phone	e #)
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R. HUNT 05/25/23

COVER LETTER

TO: Amendment Section Division of Corporations

:

NAME OF CORPO	RATION: NEWROOTS BEA	.UTY, INC.		
DOCUMENT NUM	P23000017760			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	Allen Jacobi, Esq.			
		Name of Contact Person	n —————	
	The Law Office of Allen Jaco	obi, P.A.		
		Firm/ Company		
	11077 Biscayne Blvd., Ste. 20	00		
		Address		
		City/ State and Zip Cod	e	
	allen@allenjacobilaw.com			
	E-mail address: (to be us	ed for future annual report	notification)	
	on concerning this matter, pleas		902 5644	
Allen Jacobi, Esq.	40 0) 893-5644	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check f	or the following amount made	payable to the Florida Dep	artment 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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currer	itly filed with the Florida Dept.	of State)	
P23000017760		_	
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporation add	opts the folio	owing amendment(s)
A. If amending name, enter the new name of the corporation:			
N/A			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 na l."	or the abbrev me must co	riation "Corp.," ntain the word
B. Enter new principal office address, if applicable:	14359 Miramar Parkway		
(Principal office address MUST BE A STREET ADDRESS)	#406		
	Miramar, FL 33027		282
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	14359 Miramar Parkway		The section of the se
	#406	ارت خد این کرد	on :
	Miramar, FL 33027	ក្រហ ក្រហ	# 5
D. If amending the registered agent and/or registered office adney registered agent and/or the new registered office addre		ie of the	72
Name of New Registered Agent N/A			
	•		
(Florida .	street address)		
New Registered Office Address:		Florida	
	(City)		Zip Code)
	(City)	(z.φ Couej
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	nt:		

Signature of New 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)

Example:

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.

<u>PT</u>	John Doe	
<u>v</u>	Mike Jones	
<u>sv</u>	Sally Smith	
<u>Title</u>	<u>N'ame</u>	<u>Addres</u> s
P	Amanee J Young	14359 Miramar Parkway
_		#406
		Miramar, FL 33027
	_	
_		
	_	
	V SV Title	V Mike Jones SV Sally Smith Title Name

	itional sheets, if nece	saaryy. (De spec	-9.07			
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If an amer	dment provides for	an exchange, rec	lassification, or	cancellation of is	sued shares,	
provision	s for implementing t	he amendment i	f not contained in	n t <u>he amendmen</u>	t itself:	
(if no	applicable, indicate	N/A)				
4						
					THE RESIDENCE OF THE PARTY OF T	
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DocuSign Envelope ID: D8FB2394-F0E0-4963-8069-80D2081B83AD

N/A	
The date of each amendment(s) adoption:, if other	er than th
date this document was signed.	
N/A	
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 lidocument's effective date on the Department of State's records.	sted as th
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and sharehold action was not required.	ier
☐ 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	
by	
(voting group)	
F (10 (2022)	
5/19/2023 Dated	
Signature Signature	
(By a director, president or other 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)	
Amance Young	
(Typed or printed name of person signing)	_
President	
(Title of person signing)	