

L17000019091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

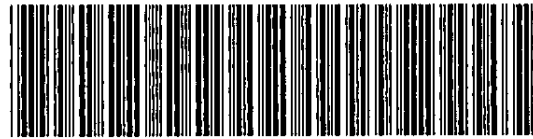
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800300123998

06/08/17--01015--001 \*\*25.00

FILED  
2017 JUN -8 PM 12:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
JUN - 9 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Pharma Cann Technologies, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Samantha Stevins, Esq.  
Name of Person

\_\_\_\_\_  
Firm/Company

2681 Airport Rd. S. C-104  
Address

Naples FL 34112  
City/State and Zip Code

stevinslawfirm@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samantha Stevins at ( 239 ) 308-4417  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Pharma Cann Technologies, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2017 JUN -8 PM 12:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 1/24/2017 and assigned  
Florida document number L17000019091.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices 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)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR AMBR	Samantha Stevens	2681 Airport Rd. South	<input type="checkbox"/> Add
		Naples, FL 34112	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MBR	Jerry Eaton	75 Top Knot Drive	<input type="checkbox"/> Add
		Sedona, AZ 86336	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MBR	Adam Eaton	315 West Phoenix Ave	<input type="checkbox"/> Add
		Apt 2	<input type="checkbox"/> Remove
		Flagstaff, AZ 86001	<input checked="" type="checkbox"/> Change
	Michael Pappalardo		<input type="checkbox"/> Add
		125 Comanche Pass	<input checked="" type="checkbox"/> Remove
		Hawley, PA 8428	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2017 JAN -8 PM 12:11  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

FILED

2017 JUN -8 PM  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
2011 JUN -8 PM 12:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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.

Dated June 4, 2017

*Samantha Stevens*  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Samantha Stevins

Typed or printed name of signee