

L17000019091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

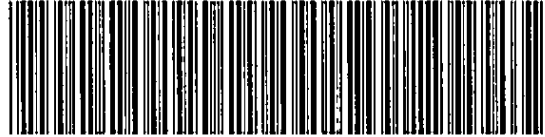
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2017 JUL 28 PM 4:55
SECRETARY OF STATE
TALLAHASSEE, FL 32309

K. SALY
AUG - 1 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 13, 2017

SAMANTHA STEVINS, ESQ.
2681 AIRPORT RD. S, STE. C-104
NAPLES, FL 34112

SUBJECT: PHARMA CANN TECHNOLOGIES, LLC
Ref. Number: L17000019091

RECEIVED
2017 JUL 28 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for PHARMA CANN TECHNOLOGIES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted is incomplete. Enclosed is the missing page for your convenience. Please complete and return to our office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 017A00002822

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 Suite 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, 300-4417
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (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 Cam Technologies LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2017 JUL 28 PM 4:55
CLERK OF CIRCUIT COURT
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:

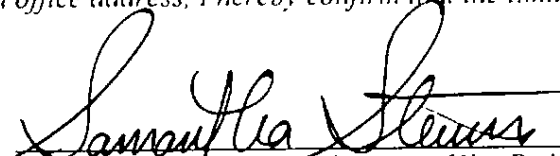
New Registered Office Address:

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	Michael Pappalardo	125 Comanche Pass	<input type="checkbox"/> Add
		Hawley, PA 18428	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2011 JUL 28 PM 4:56
CLERK OF SUPERIOR COURT
HARRISBURG, PA

2011 JUL 28
TALLAHASSEE, FLORIDA

FILED
2017 JUL 28 PM 4:56
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

(b) The 90th day after the record is filed.

Dated February 6 2017
Samantha Stevens
 Signature of a member or authorized representative of a member
Samantha Stevens
 Typed or printed name of signee