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(Requestor	s Name)
(Address)	
(Address)	
(City/State/	Zip/Phone #)
(Business E	Entity Name)
(Document	Number)
Certified Copies C	ertificates of Status
Special Instructions to Filing Of	ficer:
Office	e Use Only



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CEVIDORO

JUL 2 3 2020

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COVER LETTER

TO: Registration Section

Division of Corporations

Stem. ag LLC -ame of Limited Liability Company SUBJECT:

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

Please return all correspondence concerning this matter to the following:

<u>Branclan</u> Name of Person <u>Sten.ag LLC</u> Firm Company <u>2610 McActhur St.</u> Address Tallahasser FL 32310 City/State and Zip Code branclon Stem. 29 E-mail address: (to be used for future Innual report notification)

For further information concerning this matter, please call:

at (570) 449 5900 Area Code Davrime Telephone Number Same of Person

Enclosed is a check for the following amount:

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□ \$30.00 Filing Fee & Certificate of Status \$55.00 Filmg Fee & Certified Copy (additional copy is enclosed) S60.00 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

<u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 19, 2020

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BRANDON YOUST STEM.AG LLC 2610 MCARTHUR STREET TALLAHASSEE, FL 32310

SUBJECT: STEM.AG LLC Ref. Number: L20000133198

We have received your document for STEM.AG LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6050.

Shelia S Young Regulatory Specialist II

Letter Number: 420A00017244

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Stem. ag LLC	:
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny <u>as it now appears on our records.</u>) Jability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000133148</u>	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u>	
The new name must be distinguishable and contain the words "Limited Liabi	hty Company," the designation "LLC" or the abbreviation "LL.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	2610 McArthur St. Tallahassee FC 32310
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
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. Thereby 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

Title	<u>Name</u>	Address	Type of Action
AMBIC	Bradley jourt	151 Crawford Re	/ □.Add
	l	_Downlogton PA	19335 KRemove
			El Change
			LIAdd
			[]Remove
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D. If amentling any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: _______(optional) (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)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated <u>11/27/2020</u> Dated <u>11/27/2020</u> <u>Signature of a member or authorized representative of a member</u> Brandon 13:15- Member Typed or printed name of signee

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