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Y. SCOTT NOV 1 4 2021

COVER LETTER

TO:

	Registration Sect Division of Corpo					
SUBJEC		STEMEX U	SA LLC.	·		
COBOLSC		Name of Lim	ited Liability Company			
The enclo	osed Articles of Ar	mendment and fee(s) are sub	mitted for filing.			
Please ret	turn all correspond	lence concerning this matter	to the following:			
		Angel	Name of Person	EBD5796	(1)	
		GUATE	Mey USA L	_LC		
	1		Firm/Company			262
		7.220 W	COLUMBIA Address	AVE		63 1302
			Address			<u>ا ج</u>
		Kissimn	ee FL 347 City/State and Zip Code ENEX 65	41	, <u>, , , , , , , , , , , , , , , , , , </u>	
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			to be used for future annual r	eport notification)		
		cerning this matter, please co				
20	100 CINA	SEBASTION	at (+35-31	r 48	
	Name of P	erson	Area Code	Daytime Telephon	ie Number	
Enclosed	is a check for the	following amount:				
\$ \$25.0	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl	osed)	\$60.00 Filing I Certificate of S Certified Copy (additional copy i	Status & y
] : :	Mailing Address: Registration Se Division of Cor P.O. Box 6327 Tallahassee, FL	porations	Divisior The Cen 2415 N.	dress: ation Section of Corporation atre of Tallahass Monroe Street, ssee, FL 32303	iee	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JUA I EMEX USA		nurds)
(Name of the Limited Liability Compa (A Florida Limited	Liability Company)	torus.
The Articles of Organization for this Limited Liability Company Florida document number <u>L2100019632</u> +	were filed on $04/2$	$\frac{7}{2021}$ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2021
(Principal office address MUST BE A STREET ADDRESS)		
		1
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>er</u>	nter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ac	ldress
·		, Florida
	City	Zīp 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>	Address	Type of Action
P	Angelina A SEBOSTIAL	3227 WICKHOM AVE	□Add
		Kissinnee, Fl 34741	Kemove
			□Change
AMBR	Angelina A Sesostian	3227 Wickham DVE	XAdd
	•	Kissimmer, FL 34741	Remove
			Change
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			□Change

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	<u> </u>
fective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be prior to date of filing of the listed in this block does not meet the applicable statutory from the date on the Department of State's records.	r more than 90 days after filing.) Pursuant to 605.020
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.i is filed.	m. on the earlier of: (b) The 90th day after the
ned October 29. 2021	

Typed or printed name of signee