

M 720000/65-83

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

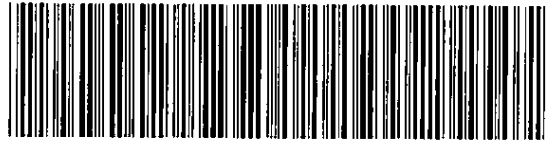
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer

Office Use Only



100417132221

FILED

RECEIVED

2023 NOV 17 AM 11:15

2023 NOV 17 PM 3:40

CLERK OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations  
From: Alexxis Weiland-Sorenson  
Ext: 61592  
Date: 11/17/23  
Order #: 1320191-1  
Re: Atlas Organics O&M, LLC  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.00 - FL State Account Number: 120000000195

AUTH:

Please take the following action:  
File in your office on basis  
Issue Proof of Filing

A handwritten signature in black ink, appearing to read "Alexxis Weiland-Sorenson", is written over the text "Please take the following action:".

Special Instructions:

FILED  
2023 NOV 17 AM 11:15  
CLERK OF COURT  
TALLAHASSEE, FL

Thank you for your assistance in this matter. If there are any problems or questions with this

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Atlas Organics O&M, LLC

\_\_\_\_\_  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michelle Garza

\_\_\_\_\_  
Name of Person

Atlas Organics O&M, LLC

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

560 Davis Street, Suite 250

\_\_\_\_\_  
Address

San Francisco, CA, 94111

\_\_\_\_\_  
City/State and Zip Code

legaloperations@generatecapital.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle Garza

\_\_\_\_\_  
Name of Person

at ( 415 ) 349-5187

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

- ☐ \$25 Filing Fee      ☐ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**FILED**  
2023 NOV 17 AM 11:15  
CLERK OF COURT  
TALLAHASSEE, FL

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Atlas Organics O&M, LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M22000016583

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: October 25 2022

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Removal and Addition of Authorized Representatives

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Authorized Representative	Brian Lehman	560 Davis Street, Suite 250	<input type="checkbox"/> Add
		San Francisco, CA, 94111	<input type="checkbox"/> Remove
Authorized Representative	William K. Caesar	560 Davis Street, Suite 250	<input type="checkbox"/> Add
		San Francisco, CA, 94111	<input type="checkbox"/> Remove
Authorized Representative	David Bahrenburg	560 Davis Street, Suite 250	<input checked="" type="checkbox"/> Add
		San Francisco, CA, 94111	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Brian Lehman

D44S85618E71691

Signature of the authorized representative

Brian Lehman

Typed or printed name of signee

**Filing Fee: \$25.00**