11000012188

(F	Requestor's Name)	
. (4	Address)	
	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	WA!T MAIL	
(E	Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions t	to Filing Officer:	

Office Use Only



700303116857

08/30/17--01012--021 **35.00

DELETT GESTY HER

JELL NE NE LL DRIDA

Anund Name Chs

AUG 3 0 2017

COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: 5 tem 4	Girls, Inc.
DOCUMENT NUMBER:	N16000012188
The enclosed Articles of Amendment and fee are su	obmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Kaye Crawfor	<u> </u>
J	(Name of Contact Person)
<u>Stem</u> ABirlis	, lync
	(Firm/ Company)
PO Bex 69	07
	(Address)
Tallaha	$\frac{1}{5}$ $\frac{1}$
	(City/ State and Zip Code)
5 terns 4 g	sed for future annual report notification)
,	. .
For further information concerning this matter, plea	se can:
Kaye Cranifora	at 407 415 3785 (Area Code) (Daytime Telephone Number)
(Name of Contact Pers	on) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Fee Certificate of Statu	& S43.75 Filing Fee & S52.50 Filing Fee (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address	Street Address
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation of

STEM 4 GIRLS,	100		
(Name of Corporation as curren		Florida Dept. of State)	
N 1600 00 121	88		
(Document Numb	er of Corporation	(if known)	
Pursuant to the provisions of section 617.1006, Florida Statuto amendment(s) to its Articles of Incorporation:	es, this <i>Florida No</i>	t For Profit Corporation adopts	the following
A. If amending name, enter the new name of the corporat	ion:		
STEMSAGTRL INC.			The new
STEM54 GTRL, INC, name must be distinguishable and contain the word "corpora" "Company" or "Co." may not be used in the name.	tion" or "incorpo	rated" or the abbreviation "Corp	o." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS			
			P.3
			. =
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			r 8 -
(maining address MAT DE ATOST OF TICE BOX)		27 27	<u> </u>
		· ·	
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office a		rida, enter the name of the	2: 00
Name of New Registered Agent:	 		
		(Florida street address)	
New Registered Office Address:			
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	Agent: miliar with and ac	ecept the obligations of the position	on.
S	lignature of New R	egistered Agent, if changing	<u></u>

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John I V Mike SV Sally	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	IMAA	Shawanna Steplig	Ht 2254 Nagnolia Card
Add			
X_ Remove		,	
2) Change Add	TREA	Lillian Bennett	TALLAHOSGEZ, EI 32317
Remove			
3) Change Add	MIMOA	Shirley Washington	San Leandre, CA 94577
Remove			
4) Change	DIR	Knystil Portar	Valleyo, Ca 94891
Add Remove			<u>vallejo</u> , <u>Ca</u> 115 11
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
Discrimation Policy				

The	date of each amendment(s) adoption:	, if other than the
date	this document was signed.	
Effe	ective date if applicable:	
	(no more than 90 days after amendment file date)	
	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ument's effective date on the Department of State's records.	e listed as the
٩do	option of Amendment(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
⊠ [′]	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	Dated August 30, 2017 Signature MWanynd	
	Signature (By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	-
	(Typed or printed name of person signing)	
	President (Title of person signing)	