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(1	Requestor's Name)	
(/	Adcress)	
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((City/State/Zip/Phone #)	
PICK-UF	WAIT	MAIL
(f	Business Enlity Name)	
(!	Document Number)	
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al Instructions to F	filing Officer:	

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A. BUTLLR

FEB 27 2023

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: STEMVIVO HOL	DINGS COMPANY, INC.	
DOCUMENT NUME	D20000067389		
The enclosed Articles	of Amendment and fee are su	abmitted for filing.	
Please return all corres	pondence concerning this ma	atter to the following:	
	Frances Casey Lowe, Esquire	e	
•		Name of Contact Person	
	Frances Casey Lowe, P.A.		
	· · · · · · · · · · · · · · · · · · ·	Firm/ Company	
	68-A Feli Way		
	 	Address	
	Crawfordville, FL 32327		
		City/ State and Zip Code	
	francie@francielowe.com		
	_	sed for future annual report	notification)
For further information Chrissy Sumner	n concerning this matter, plea	se call: at (⁸⁵⁰	926-8245
Name o	f Contact Person		le & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	©\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amendi Division The Ce	Address ment Section n of Corporations ntre of Tallahassee . Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



INC.	2023 FEB 24 AM In: 12
of Corporation as current	tly filed with the Florida Dept. of State)
	ESTITE
(Document Number	of Corporation (if known)
.1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment
ame of the corporation:	
	The new
Corp," "Inc." or "Co".	'company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
if applicable:	N/A
TREET ADDRESS)	
<u>icable:</u> OFFICE BOX)	N/A
edlar mediatored office add	In Chairle and the same of the
Name of New Registered Agent N/A	
(librida et	Part address
	(cer adaress)
	(City) , Florida, (Zip Code)
	vap cour
ered agent. I am familiar	with and accept the obligations of the position.
Signature of Vine I	Registered Agent if changing
	(Document Number of 1006, Florida Statutes, this ame of the corporation: I the word "corporation," "Torp," "Inc," or "Co"," or the abbreviation "P.A. If applicable: TREET ADDRESS) icable: OFFICE BOX) Addor registered office address N/A (Florida statutes, this ame of the corporation," "Co", "Co

Check if applicable

■ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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

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

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.

X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) N/A Change		_		
Add				
Remove				
2) N/A Change		_		
Add				
Remove 3) N/A Change		_		
Add				
Remove				
4) N/A Change		_		
Add				
Remove				
5) N/A Change		_		
Add				
Remove				
6) N/A Change				
Add		_	_	
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
N/A

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
N/A

The date of each amendment(s) a	loption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this dapartment of State's records.	ne will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without shareholder acti	on and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(flicient for approval.	s)
	roved by the shareholders through voting groups. The following statem each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	<u></u> ,	
	(voting group)	
Dated Felo	Cuary 17, 2023	
(By a di selected	rector, president or other officer – if directors or officers have not been I, by an incorporator – if in the hands of a receiver, trustee, or other couled fiduciary by that fiduciary)	1
	KIMBERLY E. KINSELL	
	(Typed or printed name of person signing)	
	Vice President/Secretary	
	(Title of person signing)	·