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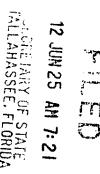
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EXAMINER



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06/25/12--01011--006 **25.00



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COVER LETTER

TO: Registration Sec Division of Corp							
SUBJECT:	Streamline	ed Efficiency LLC					
SUBJECT.		ted Liability Company					
The enclosed Articles of Amendment and fee(s) are submitted for filing.							
Please return all correspon	ndence concerning this matter	to the following:					
Kelly O'Shea							
Name of Person							
Streamlined Efficiency LLC							
Firm/Company							
16850-112 Collins AvSte 106							
Address							
Sunny Isles Beach, FL 33160 City/State and Zip Code							
kelly@1streamline.com E-mail address: (to be used for future annual report notification)							
For further information co	oncerning this matter, please c	all:					
Ke	elly O'Shea	at (305) 3	36-3993				
Name of		Area Code & Daytime					
Enclosed is a check for th	e following amount:						
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certified Copy (additional copy is enclosed)				
MAILING ADDDESS.		STREET/COURIE	D ANNDFSS.				

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Streamlined Efficience	cy LLC		
(Na	me of the Limited Liability Company as it n (A Florida Limited Liability C	ow appears on our re company)	cords.)	
The Articles of Organization	for this Limited Liability Company were file	ed on02/23	/2009	_ and assigned
Florida document number	L09000017576			
This amendment is submitted	to amend the following:			
A. If amending name, enter	the new name of the limited liability com	pany here:		
The new name must be distingu	ishable and end with the words "Limited Liabil	lity Company," the de-	signation "LLC	or the abbreviatio
Enter new principal offices	address, if applicable:			
(Principal office address MU	ST BE A STREET ADDRESS)			75
			<u> </u>	
			ASS.	CS TOTAL
Enter new mailing address,	if applicable:		Y 0	> -
(Mailing address MAY BE A	POST OFFICE BOX)		FE'S	7
				N
			>	
	ered agent and/or registered office add	ress on our record	is, enter the	name of the nev
registered agent and/or the	new registered office address here:			
Name of New Regis	tered Agent:			
New Registered Off	ice Address:			
		Enter Florida	street addres	s
		, I	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title** <u>Address</u> Type of Action <u>Name</u> **MGRM** Sophia Z El hammiri 3101 S Ocean Dr #3907 ☑ Add Hollywood, FL33019 Remove ☐ Add Remove ☐ Add Remove Add Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 6/20/12 Signature of a member or authorized representative of a member Kelly O'Shea Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00