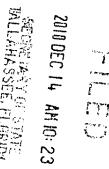
## L09000 121899

Office Use Only



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12/14/10--01009--019 \*\*30.00



J. SAULSBERRY EXAMINER

DEC 15 2010

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: 2 Stream Technology, 11C  Name of Limited Liability Company	-
Name of Limited Liability Company	2
The enclosed Articles of Amendment and fee(s) are submitted for filing.	2010 DEC 1 SECURE DE DALLAHAS
Please return all correspondence concerning this matter to the following:	\$55 T
Shara Same of Person  Shara Same of Person	AH IO: 23
Extreum lectinology LLC Firm/Company	<del></del>
750 W. Ocemn Blud; Ste	<b>5</b> 08
Hills boro Blach, FL 3300 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	om
For further information concerning this matter, please call:	
Sharu S. Vinont at (951) (21 - 8146) Name of Person  Area Code & Daytime Telephone Numb	OY er
954-621-8147	
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certific	Filing Fee, cate of Status & ed Copy conal copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan (A Florida Limited Li	ny as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company  Florida document number 19966121899	were filed on $\frac{10eC(ry)ber}{12-12+12009}$ and assigned $\frac{12-12+12009}{12-12+12009}$	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	oility company here:	
X Stream Technology.	L.L.C.	
The new name must be distinguishable and end with the words "Limit" "L.L.C."	ited Liability Company," the designation "LLC" or the abbrevia	_ tion
Enter new principal offices address, if applicable:		_
(Principal office address MUST BE A STREET ADDRESS)	2010 ACL	_
	<u> </u>	_
Enter new mailing address, if applicable:	The state of the s	
(Mailing address MAY BE A POST OFFICE BOX)	Es a	_
	AFE 2	
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here	ffice address on our records, enter the name of the n	ew
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	-
<del></del>	, 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 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:

	= Manager I = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	_		Add Remove
<del></del> ,			Add Remove
			Add Remove
			Add Remove
			Add Remove
	<i></i>		Add Remove
D. If a	nending any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary!)?	
		EE, FL RRIOG	()
Dated _	December 11, 20	, 10 .	
	Signature of a member	r or authorized representative of a member	
	Shara Straged Typed	or printed name of signee  Page 2 of 2 Uircent	
	_		

Filing Fee: \$25:00 30.00