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(Requestor's Name)	
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PICK-UP WAIT MAI	L
(Business Entity Name)	
(Document Number)	
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## COVER LETTER .

	stration Se sion of Cor			
	к.н.воен			
SUBJECT: _		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	indence concerning this matter	to the following:	
		Robert H Boehm Jr		
			Name of Person	
		R.H.BOEHM, LLC		
		<del></del>	Firm/Company	<del></del>
		7863 Drew Circle Unit 2		
			Address	
		Fort Myers, Florida 33967		
		rhboehmjr@gmail.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notific	cation)
For further in	formation c	oncerning this matter, please ca	all:	
Robert H Box	ehin Jr		239 561-5200	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for th	he following amount:		
□ \$25.00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
		ING ADDRESS: ration Section	STREET/COURIE Registration Section	

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

R.H.BOEHM, LLC			
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) hability Company)		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
STREAMLINE ALUMINUM, LLC			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbrevi	ation "L.L.C."	
Enter new principal offices address, if applicable:	Fort Myers, Florida 33908		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	17570 Blackfriar Drive		
(Mailing address MAY BE A POST OFFICE BOX)	FortMyers, Florida 33908		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:  New Registered Office Address:		name 6 JAN 30 PM 1:5€	
	, Florida	<b>5</b>	
	City Z	lip 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

. If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M AMBR = A	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
	<del>.</del>		□ Add
		<del></del>	Remove
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Effective	e date, if other than the date of filing: (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Prior to date of filing or more than 90 days after filing.)	(05.020
Note: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date wi	Il not be listed as
documen	t's effective date on the Department of State's records.	
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on 0th day after the record is filed.	the earlier o
J;	anuary 25 2018	
Dated _		<b>18</b>
	Kulthon	18 JAN 30
	Signature of a member or authorized representative of a member	30
	Robert H Boehm Jr	P#

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Filing Fee: \$25.00