

L13000036809

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

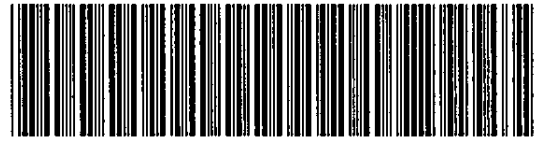
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600296402936

03/14/17--01005--014 **25.00

FILED
2017 MAR 10 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

MAR 14 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: STREAMS OASIS FUND I, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANDRE L HAMPTON

Name of Person

STREAMS CAPITAL, LLC

Firm/Company

PO BOX 2319

Address

SARASOTA, FL 34230-2319

City/State and Zip Code

ahampton@streamscapital.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDRE L HAMPTON

813 261-1201
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing 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)

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

85

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
2017 MAR 10 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STREAMS OASIS FUND I, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/11/2013 and assigned Florida document number L13000036809.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1211 TECH BLVD, SUITE 118

(Principal office address MUST BE A STREET ADDRESS)

TAMPA, FL 33619

Enter new mailing address, if applicable:

PO BOX 2319

(Mailing address MAY BE A POST OFFICE BOX)

SARASOTA, FL 34230-2319

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address:

1211 TECH BLVD, SUITE 118

Enter Florida street address

TAMPA

Florida 33619

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 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 = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	STREAMS CAPITAL, LLC	1211 TECH BLVD, SUITE 118	<input type="checkbox"/> Add
		TAMPA, FL 33619	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	STREAMS CAPITAL RIA, LLC	1211 TECH BLVD, SUITE 118	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33619	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2017 MAR 10 AM 10:45
 STATE OF FLORIDA
 TALLAHASSEE
 SECRETARY OF STATE

FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

FILED
2017 MAR 10 AM 10:46
DEPT. OF STATE
TALLAHASSEE, FLORIDA

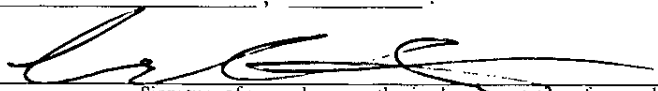
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated MARCH 6th, 2017



Signature of a member or authorized representative of a member

ANDRE L. HAMPTON

Typed or printed name of signee