

L13000036809

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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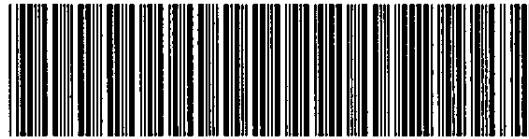
(Business Entity Name)

(Document Number)

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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 fee(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

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

STREAMS OASIS FUND I, LLC

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

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TALLAHASSEE, FLORIDA

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
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 STATE OF FLORIDA
 DEPT. OF REVENUE
 TALLAHASSEE, FL 32310

FILED

2011
DEPT. OF
CORRECTIONS
STATE OF FLORIDA

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2017 MAR 10 AM 10:46
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

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

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee