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# **COVER LETTER**

TO:	Registration Section Division of Corpora		••	# 150 pm	-	
SUBJE	<u>с</u> <u>с</u> т: <u>S</u>	TREANN ME	ED (A LLC led Liability Company			
		Name of Limit	led Liability Company			
The end	closed Articles of Amo	endment and fee(s) are subn	nitted for filing.			
Please	return all corresponde	nce concerning this matter t	o the following:			
		ANNA MARU	Name of Person		-	
			AA MGD !A Firm/Company		-	
	-	1925 BRIZKEL	L Aver Apt 1407 Address		2614 OCT 10 M 2: 04 SECRETARY OF STATE FALL Allassee, Florid	را ا ا
		MUAMI FI	City/State and Zip Code		- 10 R	and a
	_	giovani	niprato O GMAIL. Com	••	2: 0	**************************************
For fur	ther information conce	E-mail address: (to erning this matter, please ca	o be used for future annual report not  ll:	ification)		
Am	GIOVANNA PO Name of Per	ı∧ <del>y</del> son		66 2480 ne Telephone Numbe	<u></u>	
Enclose	ed is a check for the fo	llowing amount:				
<b>Ճ</b> \$2∶	5.00 Filing Fee C	330.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &	

**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

STREAM MED		
( <u>Name of the Limited I</u> (A l	iability Company as it now appears on our records.) Plorida Limited Liability Company)	
he Articles of Organization for this Limited Liabi	lity Company were filed on <u>/o/6/Jo/4</u> and assigned	∍d
his amendment is submitted to amend the followi	ng:	
. If amending name, enter the new name of th	e limited liability company here:	
he new name must be distinguishable and and with the work	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C	7 11
nter new principal offices address, if applicable	- 1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (	** ***
Principal office address MUST BE A STREET A	<u> </u>	da se
		***
nter new mailing address, if applicable:		list g gare
failing address MAY BE A POST OFFICE BO	<u>X)</u>	
If amending the registered agent and/or gistered agent and/or the new registered office	registered office address on our records, enter the name of teaddress here:	the r
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
_	, Florida	

### 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

H amending the Managers of Authorized Member on our records, enter the title, name, and address of each Manager of Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ANNAMARIA FAMELLI	1925 BRICKELL AVE	Add
		Apt 14070 Milami FC	☐ Remove
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E.	Fective date, if other than the date of filing:	D	2011	
	ted	CARSON CONTRACTOR	2014 CECT 10	unista.
		NA SE	0 77.4	
	Signature of a member or authorized representative of a member  ANNAMARIA FANELLI	STATE	2: 04	* •
	Typed or printed name of signee	pt a		

Page 3 of 3

Filing Fee: \$25.00