

L14000178171

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2017 MAR -9 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
MAR 10 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: STREAMS REAL ESTATE, 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**

FILED
2017 MAR -9 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STREAMS REAL ESTATE, 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 11/17/2014 and assigned
Florida document number L14000178171.

This amendment is submitted to amend the following:

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

NA

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:

(Principal office address MUST BE A STREET ADDRESS)

1211 TECH BLVD

SUITE 118

TAMPA, FL 33619

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 6868

BRANDON, FL 33508

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, STE 118

Enter Florida street address

TAMPA

City

Florida 33619

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	MARLENE BASKIN WARF	504 E. BAKER ST	<input type="checkbox"/> Add
		PLANT CITY, FL 33563	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

FILED
JUL 18 - 9 PM 3:48
SHERIFF'S OFFICE
PALM BEACH COUNTY, FL

2011 APR 3 PM 3:11
CLINTON COUNTY FLORIDA
FALL HARBOR

FILED
2011 MAR -9 PM 3:48
U.S. DEPT. OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
ATLANTA, GEORGIA

(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)

Dated MARCH 6TH, 2017

Signature of a member or authorized representative of a member

Typed or printed name of signee