L160000 69568

(Re	questor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE
TALLAHASSEPTER COMMA

HAY 27 2016 J. HARRIS

COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJEC	ст: <u>Stree</u>	unlive Market	ing & Managemen ited Viability Company	t LLC
The encl	osed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspon	dence concerning this matter	to the following:	
		_ Jason	V CraveN Name of Person	· · · · · · · · · · · · · · · · · · ·
		Streamline	Morketing & Man	<u>ugemont</u> ll C
		. ,) 94th AVE Address	<u></u>
		Coral Sprin	City/State and Zip Code 154	55
		JCraven 9 E-mail address: (1	3540 9 Mast Com to be used to duture annual report notification	tion)
For furth	er information co	ncerning this matter, please ca	dl:	
	Sason Cr	OVEN/	at (<u>954)</u> 658 // Area Code Daytime Te	125
	Nume of	Telson	Alea Coue Daytine re	stephone 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



May 11, 2016

JASON CRAVEN 2602 NW 94TH AVE CORAL SPRINGS, FL 33065

SUBJECT: STREAMLINE MARKETING AND MANAGEMENT LLC

Ref. Number: L16000069568

We have received your document for STREAMLINE MARKETING AND MANAGEMENT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page 3 is missing.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 416A00009963

16 HAY 24 PM 1: 28
SECKETANY OF STATE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited L			
The Articles of Organization for this Limited Liability Company	were filed on $04/07/2016$ and assigned		
Florida document number	, ,		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	6750 N. Andrews Ave #200		
(Principal office address MUST BE A STREET ADDRESS)	Ft. Laudendale FL 33307		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida City Zip Code		
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is		

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>	Address	Type of Action
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			☐ Remove
			☐ Change
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