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K.SALY EXAMINER SEP 21

COVER LETTER

TO:		istration Sect sion of Corpo			••	a bang
*:#		Streak of Nat	ure			*,,
SUBJ	ECT:		Name of Limi	ted Liability Company		
The en	nclosed	Articles of A	mendment and fee(s) are subr	nitted for filing.		
Please	return	all correspond	dence concerning this matter t	to the following:		
			Tanya Mack			
				Name of Person		· · · · · · · · · · · · · · · · · · ·
			Streak of Nature			
				Firm/Company		
			PO Box 721			
				Address		
			Windermere, FL 34786			
			**************************************	City/State and Zip Code	 	V. 10. 10. 11. 1888
			tanyamack03@gmail.com			
			E-mail address: (t	o be used for future annual report notific	ation)	
For fu	rther in	formation con	cerning this matter, please ca	dl:		
Tanya	Mack			407 362-9197 at ()		
		Name of I	Person	Area Code Daytime	Felephor	ne Number
Enclos	sed is a	check for the	following amount:			
\$2	25.00 F	iling 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

2016 SEP 16 PM 12: 22

PALLAHASSEE, FLORIS

Streak of Nature

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

(A Florida Limited Liability Company)

(A Florida Lin	nited Liability Company)	E. K. STAT	
The Articles of Organization for this Limited Liability Com	pany were filed on 9/12/2016	and assigned	
Florida document number L16000169135			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company here:		
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 ADDRES	<u> </u>		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:	s here:	enter the name of the no	
	Enter Florida street address		
	, Flor	ida Zip Code	
New Registered Agent's Signature, if changing Registered A	•	Zip Code	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacted the obligations of my position as registered agent hairs filed to marely reflect a change in the registered of	plete performance of my duties, and	I am familiar with and	
company has been notified in writing of this change.	office address, I hereby confirm that		
	office address, I hereby confirm that		

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>	Type of Action
MGR	Tanya Mack	PO Box 721	■ Add
		Windermere, FL 34786	☐ Remove
			☐ Change
			Add
		·	□ Remove
			Change
		<u></u>	SE Remove
			Change
			12: 22
			□ Remove
			Change
			Add
			Remove
			☐ Change
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an effective date is listed, the date moote: If the date inserted in this be	lock does not	meet the appli	cable statutor	y filing requir	90 days after fi ements, this c	ling.) Pursuant to 605.020 late will not be listed a
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