

217000015764

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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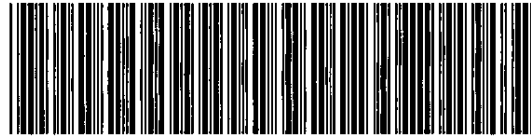
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 11 2017

J SHIVERS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: STREAM RECYCLNG SOLUTIONS, 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:

William Ramsay

Name of Person

Stream Recycling Solutions, LLC

Firm/Company

9940 Currie Davis Dr., Suite C11

Address

Tampa, FL 33619

City/State and Zip Code

BillyR@streamrecycling.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher Wilson

at (407) 658-8566

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**

Stream Recycling Solutions, 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 January, 27, 2017 and assigned Florida document number L17000015764.

This amendment is submitted to amend the following:

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

9940 Currie Davis Dr., Suite C11

(Principal office address MUST BE A STREET ADDRESS)

Tampa, FL 33619

Enter new mailing address, if applicable:

9940 Currie Davis Dr., Suite C11

(Mailing address MAY BE A POST OFFICE BOX)

Tampa, FL 33619

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:

Enter Florida street address

, Florida

City

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TALLAHASSEE, 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

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	Ben Shane		☐ Add
			☒ Remove
			☐ Change
MGR	William Ramsay	9940 Currie Davis Dr., Suite C11	☒ Add
		Tampa, FL 33619	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Add
			☐ Remove
			☐ Change

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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)

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

Dated April 25, 2017

W. K. K. K.
Signature of a member

Signature of a member or authorized representative of a member

William Ramsay

Typed or printed name of signee