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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:		
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Certified Copies	Certificate	s of Status
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COVER LETTER TO: Registration Section **Division of Corporations** The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeffery C. Fabrizio
Name of Person
Stream Financial Services, LLC Firm/Company
Firm/Company .
6406 Key Island Ave
Apollo Beach PC 33572 City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeffery C. Fabrizio	ac 813, 464-0551
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 Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Stream Financial Ser	vices LLC
(Name of the Limited Liability Company as it now ap (A Florida Limited Liability Company	pears on our reCords.) vy)
The Articles of Organization for this Limited Liability Company were filed on	May 3, 2017 and assigned
Florida document number <u>L1700098903</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	
Stream Insurance. Services The new name must be distinguishable and contain the words "Limited Liability Company." t	, 12(
The new name must be distinguishable and contain the words "Limited Liability Company," t	he designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	(w
B. If amending the registered agent and/or registered office address on ou agent and/or the new registered office address here:	ir records, <u>enter the name of the new registers</u>
agent and of the new registered office address here.	
Name of New Registered Agent:	, <u>, , , , , , , , , , , , , , , , , , </u>
New Registered Office Address:	
Enter	Florida street address
	, Florida
City	. Florida 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 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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effective date is list e: If the date inse	ther than the date ted, the date must be spected in this block do date on the Departr	pecific and cannot be oes not meet the ap	oplicable statutory	g or more than 90 days filing requirements	optional) after filing.) Pursuant to 6 , this date will not be l	605.02 isted :
ord specifies a defiled.	clayed effective date	, but not an effecti	ve time, at 12:01	a.m. on the earlier o	of: (b) The 90th day a	tter th
d Janu	ary 18,	<u>202.3</u>	·			
	/ /					

Filing Fee: \$25.00