L18000244615

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Scondo Linity Hame)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

Division of Co		* * * * * * *	• •
SUBJECT:	STREAMFLITE LLC	*	
	Name of Lim	ited Liability Company	
he enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
lease return all corresp	oondence concerning this matter	to the following:	
	OTERO, RAFAEL		
		Name of Person	
	14225 So	Firm/Company halee Lane	
		Address	
	ORLANDO FL, 32828		
	reol09@yahoo.com	City/State and Zip Code	
for further information	E-mail address: (concerning this matter, please c	to be used for future annual report not	ification)
RAFAEL OTERO	concerning uns matter, piease c	407 2472369	
Name	of Person	at ()	ne 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 Addr Registration		Street Address: Registration Se	ection
Division of	Corporations	Division of Co	rporations
P.O. Box 63		The Centre of	
Tallahassee.	.FL 32314	2415 N. Monro	be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2020 AUG 31 PH 4-3,

STREAMFLITE LL	С	ALLALIAN PROPERTY
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.18000247615	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or	the abbreviation "llC."
Enter new principal offices address, if applicable:	14225 Sahalee Lanc	
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL 32828	
Enter new mailing address, if applicable:	14225 Sahalee Lane	
(Mailing address MAY BE A POST OFFICE BOX)	ORLANDO, FL 32828	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter th</u>	name of the new registered
New Registered Office Address:		
	Enter Florida street address	
	, Floric	da
New Registered Agent's Signature, if changing Registered Agent	•	Zip Code
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605, F.S.	l am familiar with and 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 = M $AMBR = A$	lanager Authorized Member	2020 AUG 31 PM 4: 37	
<u>Title</u>	<u>Name</u>	Address SELAHASSEF FLORIDA	Type of Action
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ective date, if other than the n effective date is listed, the date mus- te: If the date inserted in this bl nument's effective date on the D	t be specific and cannot book does not meet the	e prior to date of filin applicable statutor	ng or more than 90 days or y filing requirements,	ptional) after filing.) Pursuant to 605.02 this date will not be listed
cord specifies a delayed effectiv s filed.	e date, but not an effec	tive time, at 12:01	a.m. on the earlier of	(b) The 90th day after th
ed August 21	2020	·		
	19			
		$\overline{}$		
Ky	Signature of a member of	r authorized represen	ntative of a member	

Filing Fee: \$25.00