

(Requestor's Name)
(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:

Office Use Only



100321592601



D. SCOTT DEC 2 0 2018

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Streamers TI	V LLC	
Name of	Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are	submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
	Name of Person	
Stree	amers TV Firm/Company	
<del> </del>	Firm/Company	
6741	Doniel loop W	
Lakeland	FL 3380	9
Nate at T	City/State and Zip Code  // mmcellular.com ess: (to be used for future annual report notific	ation)
For further information concerning this matter, plea		ري. نب <sub>جور</sub>
Wicole Trimn	at (863) 216 9	5 80
Name of Person	Area Code Daytime T	Clephone Number
Enclosed is a check for the following amount:		
\$25,00 Filing Fee Scrifficate of Statu	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS:	STREET/COURIEI	R ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limi	ited Liability Compan (A Florida Limited L	iv as it now appears on o iability Company)	ur records.)	_	
The Articles of Organization for this Limited I Florida document number $\angle 18000173$		were filed on <u>No</u>	26th 20	o 18 and assi	gned
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liabi	lity company here:			
The new name must be distinguishable and contain the	words "Limited Liabili	ty Company," the designa	tion "ELC" or the al	bbreviation "L.L.	C."
Enter new principal offices address, if appli	cable:				
(Principal office address MUST BE A STREI	ET ADDRESS)				<del>.</del>
			•		
Enter new mailing address, if applicable:				2018	<u> </u>
(Mailing address MAY BE A POST OFFICE	(BOX)			·	e e e e e e e e e e e e e e e e e e e
					: 
D 16 17 d 24 1 4 1		~ .,			, more
B. If amending the registered agent and registered agent and/or the new registered or	ffice address here	:		JL	
Name of New Registered Agent:	Nicole	Trimm Dowel loop Enter Florida str			
New Registered Office Address:	6741	Donel loop	eet address		
	Lukelan	d	, Florida	3380,	
		City		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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records:</u>

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name Tollow	Address	Type of Action		
MGR	Nicole Deem	6741 Oboxel Loop W	_ <b>X</b> Add		
		Lakeland FL 33809	☐ Remove		
		<del> </del>	Change		
		<del></del>	Add		
			□ Remove		
			Change		
			D Add		
			☐ Remove		
			□'A'dd		
		75-	□ Remove		
			Change		
			D Add		
			Remove		
		<del></del>	Change		
			Add		
			□ Remove		
			🗆 Change		

			<del></del>						_
			<del></del>						<del></del>
									_
_									_
_						_			_
							<u>.</u>		_
									_
									_
				<del></del>					-
					··········				_
					_				_
								9119	
								•	- 1 1
			<u> </u>		<del>.</del>	<del></del>			÷;
	·								- · ł
								1:2	. <b>.</b>
							2-	<i>-</i>	
(If an effecti Note: If	date, if other the date is listed, the date inserted in the date of the date o	date must be spec i this block doc	citic and cannot es not meet t	he applicable .	e of filing or mo	re than 90 days a	ptional) dier filing.) Pi	JT - ursuant to 60 Il not be lis	05.020 sted u
Goçumen	. S cricenve date of	rate Departine	in or state ;	records.					
	rd specifies a de Oth day after th			but not an	effective ti	me, at 12:0	1 a.m. on	the earl	lier o
	Docembor	31d	<u>.</u> . <u>d</u>	. 0/8					
Dated	1		/						
Dated	Docembor	Signatu	re of a member	er or authorized	representative (	of a member	<del></del>		

Page 3 of 3

Filing Fee: \$25.00