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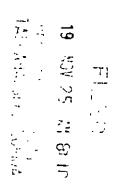
(Re	questor's Name)	<u> </u>
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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JAN 0 6 2020

S. YOUNG

COVER LETTER

Division of Corporations	
SUBJECT: Slipstream Pllot 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:	
Andrew Muniz Name of Person	
Slipstream Pilot Solutions LLC	-
12825 141st LN N Address	
West Palm Beach FL 33418 City/State and Zip Code	
A MUNIZIOS & Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Andrew Muniz at (501) 402-9250 Name of Person Area Code Daytime Telephone Number	
Inclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee	of Status & - opy
Mailing Address: Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

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

SLipstream Pi	Jot Solutions bility Company as it now appears of rida Limited Liability Company)	LLC n our records.)	NOW 25 E
The Articles of Organization for this Limited Liability Florida document number <u>L 190002723</u>	y Company were filed on	10/31/19	and assigned
This amendment is submitted to amend the following	;		
A. If amending name, enter the new name of the l	imited liability company here:	:	
The new name must be distinguishable and contain the words "I Enter new principal offices address, if applicable: Principal office address MUST BE A STREET AD		nation "LLC" or the al	breviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			, <u> </u>
B. If amending the registered agent and/or registengent and/or the new registered office address her		rds, <u>enter the nan</u>	ne of the new registered
Name of New Registered Agent:			<u> </u>
New Registered Office Address:	Enter Florida	street address	
		, Florida	
	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 récords</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Jacqueline Muniz	1739 NW 18th St	
	·	1739 NW 18th St Cape Coral, FL 33993	XRemove
			□Add
		<u> </u>	□Remove
			□Change
			DAdd
		□ Remov	□Remove
			□Change
			□Add
			□Remove
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			🗆 Change
			🖸 Add
			□Remove
			□Change

Page 2 of 3

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	<u></u>
an effecti ote: If	date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of Oth day after the record is filed.
ited	November 22nd. 2019
	a mi
	Signature of a member or authorized representative of a member Andrew J. Muniz Typed or printed name of signee