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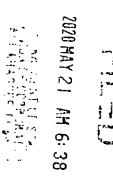
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JUN 10 2020 S. YOUNG

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	reamline Name of Limi	Realty FL	· LLC
The enclosed Articles o	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Tessa	Castillo	
		Name of Person	
		P' /O	
		Firm/Company	
	12860 Me	eadowbend Dr Address	· · · · · · · · · · · · · · · · · · ·
	Willington	City/State and Zip Code	1
	Castillut E-mail address: (i	CSOG 9mail o be used for future annual report not	CCY Uffication)
For further information	concerning this matter, please ca	all:	
Tessa Co	Stillo	``` (5200
Name	of Person	Area Code Daytir	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 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 (Name of the Limit	ne Receipt And Liability Company as (A Florida Limited Liability Company)	Ity F.L sit now/sppears on out ity Company)	ir records,)	<u> </u>		
The Articles of Organization for this Limited L. Florida document number <u>L. 2.0000</u> . This amendment is submitted to amend the follow. A. If amending name, enter the new name of) (407.03) owing:	• med on	24/2	<u>`</u> ar	nd assig	;ned
The new name must be distinguishable and contain the we be the new principal offices address, if application of the new principal office address MUST BE A STREE Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	able:	ompany." the designati	ion "LLC" or the	e abbreviati	57026 KAY 21 NH 6:38	C."
B. If amending the registered agent and/or ragent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:	ss here:	Meadon Enter Florida stre	ustillo bend	Dr.	e new	registered

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

Title Address Type of Action **Name** MGR Gregory Stitt

Manager | Marie

member Tessa Castillo 12860 Meadowberd Dr. _____ Change 12860 Meadowberd Dr. Sadd Willington Fl. 33414 Remove □ Change \Box Add □ Remove □ Change □Add □Remove □Change □Remove __ 🗆 Change _ □ Change

lf am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
If an e Note:	tive date, if other than the date of filing:
e reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Dated	may 19,2020.
	e De Company
	Signature of a member of authorized representative of a member
	Typed or printed name of signee