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JUN 29 2020

AUG 12 2020 S. YOUNG



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: YStream F	Name of Limited Liability Company
The enclosed Articles of Amendmen	t and fee(s) are submitted for filing.
Please return all correspondence con-	cerning this matter to the following:
<u>Da</u>	Name of Person
	Stream Pressure Cleaning, LLC Firm/Company
197	He Sew Tropical terroce
SH	10r + Fl 34397 City/State and Zip Code
<u> XS</u> X	E-mail address: (to be used for future annual report notification)
For further information concerning th	ris matter, please call:
David John Sor Name of Person	at (772) 834-5786 Area Code Daytime Telephone Number
Enclosed is a check for the following	amount:
S25.00 Filing Fee ☐ \$30.00 Certi	O Filing Fee & S60.00 Filing Fee & S60.00 Filing Fee, ficate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporation P.O. Box 6327	Division of Corporations The Centre of Tallahassee
* ハン・17いき ワジニチ	THE CHITE OF FAHANASSEE

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VSTREAM OPESS (Name of the Limited Liabil (A Florid	ire Cleanin	ng LLC	<u> </u>
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appe Ja Limited Liability Company	ars an our records.)	
The Articles of Organization for this Limited Liability (Company were filed on _	2-27-2020	and assigned
Florida document number <u>LJOOCO LoUGG</u>			12
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the lim</u>	nited liability company l	<u>tere</u> :	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the	designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADD.	<u>RESS)</u>		
			
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
		-	
3. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our	records, <u>enter the nar</u>	ne of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	orida 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, 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
MGR	David Johnson	18010 Sw Tropical Terro	XX EAdd
		Stuart, FL 34997	□Remove
			Change
<u>MG12</u>	Masity Rainford	12710 Sw Trapical terrore	□Add
		Stuart, Fl 34997	ÆRemove
			
			□Add
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