LZO 000129533

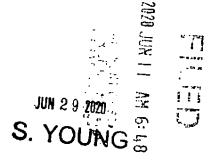
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	

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COVER LETTER

TO:

Registration Section

Division of Corporations	
SUBJECT: Streamline Seamle Name of Lin	ess Guttes LLC nited Liability Company
The enclosed Articles of Amendment and fee(s) are sub-	-
Please return all correspondence concerning this matter	to the following:
Spencer	Name of Person Seamless Gutters LLc Firm/Company
Streamline	Seamless Guttes LLc Firm/Company
17085 SH	V CF 18 Address
	City/State and Zip Code 30@ yahoo - Com (to be used for future annual report notification)
For further information concerning this matter, please c	rall;
Spencer Green	at (<u>352</u>) <u>672 - 73 99</u> Area Code Daytime Telephone Number
Name of Person	Area Code Daytime 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 & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) 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

Streamline (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{5}{19}/20$ and assigned Florida document number <u>L</u> 20000 129533 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address __, Florida _ City

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Spencer Green	17085 SW CT 18 Brooker, FI	_ @Add
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			□Change
			_ DAdd
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Ti amici	nding any other	miorimation, car	er enange(s) nere.	Time a caracteristics	sheets, if necessary.)	
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(If an effe Note:	ctive date is listed, t If the date inserte	than the date of the date must be specified in this block does to the Oepartment	ic and cannot be prior to not meet the applical	o date of tiling or more the statutory filing rec	(optional) nan 90 days after tiling.) F quirements, this date w	ursuant to 605.0207 (Ill not be listed as th
ord is file	ed.				e earlier of: (b) The	00th day after the
Dated_	June	8th	2020	_ · ized representative of a		
	\Q\$\	176M				
	-// •	Signature	of a member or author	ized representative of a	member	
	V	<u></u> -		•		

Filing Fee: \$25.00