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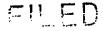
COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT: STREA	PM LINE PROJECT	T PRODUCTION ited Liability Company	SOLUTIONS LLC
The enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	AUTONSO BEI	Name of Person	
		Firm/Company	
	888 Bricke	LL KEY D.R. A	PT 2705
	MIAMI, FL	33/3/ City/State and Zip Code	
-	E-mail address: (ETTI @ GMAIL. CON	ort notification)
For further information cond	cerning this matter, please ca	all:	
ALFONSO BEN	(EDETT)	at (<u>510</u>) <u>4</u> Area Code	09-5346
Name of Po	erson	Area Code	Daytime Telephone Number
Enclosed is a check for the f	ollowing amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	□ \$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



STREAMLINE PROJECT	PLODUCTION	SOLUTIONS	LQ003 HAR -9	71:11 KA
STREAMLINE PROJECT (Name of the Limited Liability (A Florida			SECRETARY	
The Articles of Organization for this Limited Liability C	Company were filed or	n 04/05/202	2 and assign	
Florida document number <u>L22000163019</u>	<u>_</u> .	·		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ited liability compan	ıy here:		
STREAMLINE ENGINEERING The new name must be distinguishable and contain the words "Lim	VG LLC			
	ited Liability Company,"	the designation "LLC" or t	he abbreviation "L.L.C	2.7
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR	<u> </u>			
				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered	l office address on a			
agent and/or the new registered office address here:	office address on o	ar records, enter the	name of the new ri	<u>egisterea</u>
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	City	, Florida	Zin Code	
	-77		esp 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 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
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
			
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove

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reffecti <u>te:</u> If t	edate, if other than the date of filing:
cord s s filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after a second of the second o
ted	03/06 . 2023.
	03/06 . 2023 . Signature of a member or authorized representative of a member
	ALTONS O BENEDETT) Typed or printed name of signee