## L17000004041

(Req	uestor's Name)	
(Add	iress)	
bbA)	lress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Doc	ument Number)	
Certified Copies	Certificates	s of Status
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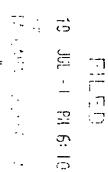


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## **COVER LETTER**

	gistration Se vision of Cor			
		D HOLDING AND SOLUTIO	ONS LLC	
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		DARCY OSORIO		
			Name of Person	·
			Firm/Company	·
		19402 EAST COUNTY C	LUB DRIVE	_
		AVENTURA FL 33180	Address	•
	<i>:</i>	JERRY@BERTTAX.COM	City/State and Zip Code	
•		E-mail address: (	to be used for future annual report noti	fication)
For further	information c	oncerning this matter, please co	all;	
JEROME S	CHWARTZ		at () 580-0880	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is	a check for th	ne 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 Tallahassec, FL 32314

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TO:

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## STANDARD HOLDING AND SOLUTIONS LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

	(A Florida Limited Liability Company)			
The A	Articles of Organization for this Limited Liability Company were filed on 01/05/2017 and assigned da document number L17000004041			
This	amendment is submitted to amend the following:			
A. If	amending name, enter the new name of the limited liability company here:			
STA	NDARD HOLDINGS AND SOLUTIONS LLC			
The ne	w name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."			
Ente	r new principal offices address, if applicable:			
(Prin	cipal office address MUST BE A STREET ADDRESS)			
Ente	r new mailing address, if applicable:			
(Mai	ling address MAY BE A POST OFFICE BOX)			
	If amending the registered agent and/or registered office address on our records, enter the name of the new tered agent and/or the new registered office address here:  Name of New Registered Agent:			
	New Registered Office Address:  Enter Florida street address			
	, Florida	<u> </u>	Ö	
New '	Registered Agent's Signature, if changing Registered Agent:		<u> </u>	
provi accep being	eby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the isions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and pt the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is gilled to merely reflect a change in the registered office address. I hereby confirm that the limited liability bany has been notified in writing of this change.		6. H. H. P.	
	If Changing Registered Agent, Signature of New Registered Agent	٠.	$\overline{\Box}$	

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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 = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Effective date, if (If an effective date is Note: If the date i	listed, the date must b nserted in this bloc	e specific and ca k does not me	annot be prior et the applica	o date of filing o ble statutory fi	r more than 90 d ling requireme	_ (optional) lays after filing.) P ents, this date wi	ursuant to 605,0207 Il not be listed as
document's effecti	ve date on the Dep	artment of Sta	ite's records.				
he record speci The 90th day	fies a delayed of after the recor	effective da d is filed.	te, but not	an effective	e time, at 1	2:01 a.m. or	the earlier of
Dated JUNE 28	- <del></del>	,	2019	<u></u> .			
			_				
	Jana 5	gnature of a me	mber or autho	rized representat	ive of a member	, <u> </u>	

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Filing Fee: \$25.00