

108000003952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

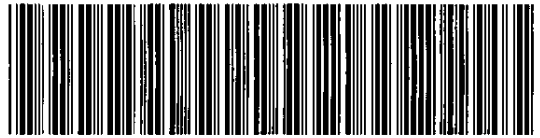
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

JUN 24 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STANDARD Network Services, LLC.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kristopher Justin Ervin
Name of Person

STANDARD Network Services
Firm/Company

6001-21 Argyle Forest Blvd. Suite 376
Address

JACKSONVILLE, FL. 32244
City/State and Zip Code

JERVIN@STANDARDNETWORKSERVICES.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Justin Ervin at (904) 859-9949
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 & 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

STANDARD Network Services

(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 1-10-2008 and assigned
Florida document number L0800003952.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6142 Fine Stone RD
Jacksonville, Fl. 32244

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6001-21 Angyle Forest Blvd.
Suite 376
Jacksonville, Fl. 32244

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:

Kristopher Justin Ervin

New Registered Office Address:

6142 FIRESTONE RD
Enter Florida street address
Jacksonville, Florida 32244
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 608, 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

- Amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

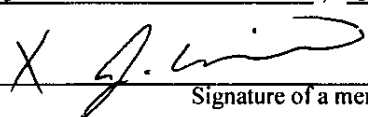
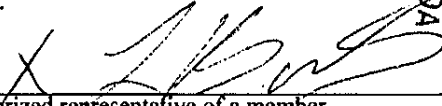
MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------------|-------------------------|--|--|
| MGRM OR MGR | Leslie C. Batts Jr. | 7248 Argyle Forest Dr. Jacksonville, FL 32244 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGRM AND MGR | Kristopher Justin Ervin | 6142 Firestone Rd. Jacksonville, FL 32244 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

LLC will be in Kristopher Justin Ervin's
Name only, this is to remove
Ownership of Leslie C. Batts Jr.

Dated June 19th, 2009.



 Signature of a member or authorized representative of a member
 Kristopher Justin Ervin Leslie C. Batts Jr.
 Typed or printed name of signee

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