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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates of	Status
Special Instructions to Fili	ng Officer:	
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## **COVER LETTER**

TO:	Registration S Division of Co		•	
SUBJE	С <b>т</b> :	Standard D	PRILLING Services, L	LC.
The enc	losed Afficies o	f Amendment and fee(s) are sub	omitted for filling.	
Please r	etum all corresp	ondence concerning this matter	to the following:	
		bhn A	. Frederick Name of Person	<u></u>
		Stand	and Drilling Serv	rices, UC
		17633	Gunn Hay Address	
		(	Jessa, FL 3 City/State and Zip Code adde: Uing Sivs 6 To be used for future armual report notific	3556
		Standa E-mail address: (	ed drilling 5 VS 0	anail·com
For furt	her information	concerning this matter, please c	all:	
<u>D</u>	Elaine	Frederick	at ( <u>813</u> ) <u>675-5</u> Area Code Daytime	5528
	Name	of Person	Area Code Daytime	Telephone Number
Enclose	d is a check for	the following amount:		
<b>□ \$</b> 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)
				<i>65</i> 2021
	Mailing Address Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporate Centre of Tale 2415 N. Monroe Tallahassee, FL 3	ion 22 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Li	
— (A F1	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabili Florida document number	ty Company were filed on December 02, 2010 and assigned
This amendment is submitted to amend the following	g:
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 "L.L.C."
Enter new principal offices address, if applicable	
Principal office address MUST BE A STREET AL	DDRESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX	2
ngent and/or the new registered office address he	ered office address on our records, <u>enter the name of the new register</u> re:
New Registered Office Address:	
New Registered Office Address:	Enter Florida street address
New Registered Office Address:	
New Registered Office Address:	City Florida Zip Code

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>	<u>Address</u>	Type of Action
MGR	Frederick Family Trust	11048 Jenkins Ct, San Antonio, Florida 33576	\exists Add
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fective date, if other than the	date of filing:	(option	al)
n effective date is listed, the date mus	t be specific and cannot be prior to date of fi	ling or more than 90 days after fil	ing.) Pursuant to 605.020
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	e date, but not an effective time, at 12:0	01 a.m. on the earlier of: (b)	The 90th day after the
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March 15	2021		T I
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