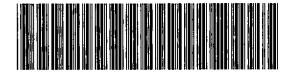
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(Re	questor's Name)	
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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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## **COVER LETTER**

TO: Registration Section Division of Corporations					\$4a,	t <sup>*</sup>
CUD IEZ	S.	TANDARD	MORTGAGE SERVICES,	LLC		
SUBJEC	∪l; <u> </u>		Name of Limi	ited Liability Company		<del></del>
The encl	osed A	rticles of An	nendment and fee(s) are sub	mitted for filing.		
Please re	eturn al	correspond	ence concerning this matter	to the following:		
			NATALIE PREMOCK			
				Name of Person		<del></del>
			STANDARD MORTGAG	E SERVICES, LLC		
				Firm/Company		<del></del>
			9132 B SW 20TH PLACE			
				Address		
			DAVIE, FLORIDA 33324			
				City/State and Zip Code		<del></del>
			npremock@gmail.com			<u> </u>
			·	o be used for future annual	report notification)	
For furth	er info	rmation cond	cerning this matter, please ca	ill:		
NATAL	JE PRI	EMOCK		at (934)	826 - 5126 Daytime Telephone Nu	5
		Name of Pe	erson	Area Code	Daytime Telephone Nu	mber
Enclosed	l is a cl	neck for the f	following amount:			
<b>=</b> \$25.0	00 Filir	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is en	Cert closed) Cert	00 Filing Fee, ifficate of Status & iffied Copy tional 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STANDARD MORTGAGE SERVICES, L	LC	
( <u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on March 20, 2015	and assigned
Florida document number L15000040269	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	•	
(Principal office address MUST BE A STREET ADD	RESS)	
	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:		<u></u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ad-		ter the name of the new
registered agent and/or the new registered office ad-	uress nere:	
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Florida	
<del></del>	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 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 am'ending 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
MGR	NATALIE PREMOCK	9132 B SW 20TH PLACE	
		DAVIE, FLORIDA 33324	■ Remove
			☐ Change
AMBR	NATALIE PREMOCK	9132 B SW 20TH PLACE	<b>■</b> Add
		DAVIE, FLORIDA 33324	□ Remove
		<del> </del>	Change S
			SSE Chaemove
	\		FSTA DEpartment
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Effective date, if other than the date of fan effective date is listed, the date must be spective. If the date inserted in this block doe	filing:	be prior to d	ate of filing o	or more than 9	(optiona	ASSEE. FLORIDA	77. <b>4</b> -	_ 05.02
tive date, if other than the date of fective date is listed, the date must be spec	filing:	be prior to d	ate of filing o	or more than 9	(optional) days after fili	n <b>l)</b> ng.) Pursua	ınt to 60	5.0207 (
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Pated August 26	2015	5						
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Filing Fee: \$25.00