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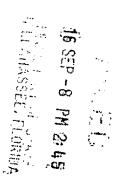
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Stand Up Data 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:
Alexay Bagamolal Name of Person
Stand Up Data LLC Firm/Company
64 Cornwall Dr. Address
Ponte Vedra, FL 32081 City/State and Zip Code
a: 60000000 a mail. com E-mail address: (109e used for future annual report notification)
For further information concerning this matter, please call:
Alexey Bogo mold at (703) 915-8657 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Bigcup \$Certificate of Status & \$\Bigcup \$(additional copy is enclosed)\$\$ Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	City	, Florida	Zip Code
	Enter Flori	da street address	
New Registered Office Address:	F., FI		·
Name of New Registered Agent:			
N. ON D. '. 1A			
registered agent and/or the new registered office ad		lea	5. 1
B. If amending the registered agent and/or reg		our records, enter	the name of the nev
	_	<u></u>	2
(Mailing address MAY BE A POST OFFICE BOX)		Service Servic	<u>πο</u> γ
Enter new mailing address, if applicable:		7.5	SEP
7		<u> </u>	ें जिल्हें
(Principal office address MUST BE A STREET ADD	<u> </u>		
Enter new principal offices address, if applicable:			
The new name must be distinguishable and contain the words "Li	mited Liability Company, the de	signation "LLC" or the a	bbreviation "L.L.C."
774	2.11:12: 0	' ' "I 1 C" ' (II
A. If amending name, enter the new name of the lin	nited liability company her	<u>re</u> :	
This amendment is submitted to amend the following:			
Florida document number <u>L 16000046424</u>	·		
The Articles of Organization for this Limited Liability	• •	3/7/16	and assigned
(A Flori	da Limited Liability Company)		
Stand Up Data LL (Name of the Limited Liab)	ility Company as it now appears da Limited Liability Company)	on our records.)	

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 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
MER	Justin Severidt	1749 Swimming Salmon PL N	_ i Add
		1749 Swimming Salmon PL N Jacksonville, FL 32225	_ □ Remove
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Filing Fee: \$25.00