116000227095

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Stand Innuvative Design 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:
Keviw H. Hoelzer Name of Person
Stand Innuvative Design LLC
1636 Fruit Cove Woods Dr
St Johns Fl 32259 City/State and Zip Code Colors Code Colors Code Colors Code C
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Keuin H. Hoelzev at 904 254-929
Name of reason
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$60.00 Filing Fee,

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

Stand Innovative Design	n LLC	
(Name of the Limited Liability Company as it now appears on (A Florida Limited Liability Company)	ur řecords.)	
The Articles of Organization for this Limited Liability Company were filed on/ Florida document number \(\textstyle 16000227095 \)	2/15/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company here:		
Standard Translatue Design L The new name must be distinguishable and contain the words "Limited Liability Company," the designation	LC ation "LLC" or the abbrev	riation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		,
B. If amending the registered agent and/or registered office address on our registered agent and/or the new registered office address here:	records, enter the	name of the new
Name of New Registered Agent:	28 Em	<u> </u>
New Registered Office Address:	(A) (A)	<u> </u>
Enter Florida st	Florida	^A □
City		Zi <u>p C</u> ode
Will Philips I A . I A . 49 City and a . 10 all a company The distance A A company		•

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>	Name	Address	Type of Action
			□ Remove
			□ Remove
			☐ Change
			□ Add
			☐ Remove
			Change Change Add Add Remove
-			E FL CRIC Add
			□ Remove
			Change
			☐ Add
			□ Remove
			☐ Change

					
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Effective date, if other that (If an effective date is listed, the date.) Note: If the date inserted in document's effective date on	ate must be specific and cannot this block does not meet the	e applicable statutory fili	option (option of the contract	filing.) Pursuant to 60	05,0207 (i sted as tl
the record specifies a de) The 90th day after th	layed effective date, le record is filed.	but not an effective	time, at 12:01 a	.m. on the earl	ier of:
Dated <u>CINUCIV</u>	- A-	J. Joel)		
	Signature of a member	r or authorized representative	e of a member		

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Filing Fee: \$25.00