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## **COVER LETTER**

TO: Reg Div	gistration Sec vision of Corp	ction porations		
CID IF CT.	STANDAR	D XI, LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The encloses	d Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return	n all correspon	ndence concerning this matter t	to the following:	
		ANDRE OROZCO		
			Name of Person	
		STANDARD XI		
			Firm/Company	
		7200 JACARANDA LANI	E	
			Address	
		MIAMI LAKES, FL 33014		
			City/State and Zip Code	
		ANDRE@STANDARDXI.	·	
			o be used for future annual report notifica	ition)
For further i	nformation co	oncerning this matter, please ca	ill:	
ANDRE OF	ROZCO		786 519-6415 at ( )	
	Name of	Person		clephone Number
Enclosed is	a check for th	e following amount:		
□ \$25.00 I	Filing Fee	S30.00 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STANDARD XI		
( <u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) Ida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on	and assigned
Florida document number L18000031429	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<b>3</b> VS
(Principal office address MUST BE A STREET ADD	DRESS)	SIO SEC
		7
		CORRECT A A
Enter new mailing address, if applicable:		<b>6</b> 25
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg	ristered office address on our records, ent	er the name of the ne
registered agent and/or the new registered office ad		
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
<u>-</u>	Enter Florida street address	
	, Florida	
	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 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
MGR	ALEXANDER JOHN CASANOV	1740 NW N RIVER DR. APT 320	■ Add
		MIAMI, FL 33125	□ Remove
			□ Change
			☐ Remove
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an eff	ve date, if other than the date of filing: (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Purs	uant to 605.02
lote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will a ent's effective date on the Department of State's records.	not be listed
	5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on to 90th day after the record is filed.	he earlier
	APRIL 26 2018	
ated		
	/ // // / /	

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Typed or printed name of signee

Filing Fee: \$25.00