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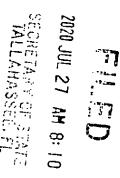
(Requestor's Name)
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D. BRUCE SEP 16 2020

## **COVER LETTER**

TO: Registration Se Division of Cor		•	-		
	STANDARDS, LLC			•	
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Ingrid M. Hooglander, Esq	uire			
		Name of Person			
	Brandon Legal Group, PLI	LC			
		Firm/Company			
1209 Lakeside Dr.					
		Address			
	Brandon, Florida 33510				
		City/State and Zip Code			
	ingrid.hooglander@brandor				
For further information c	E-mail address: ( concerning this matter, please c	to be used for future annual report notifiall:	ication)		
ngrid M. Hooglander, Esquire		813 902-3576 at ( )		2020 SEQ 7A	
Name o	of Person	Area Code Daytime	: Telephone Number	JUL 2	
Enclosed is a check for the	he following amount:			7 AH	1
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ling Fee, to of Status &	D

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEWMAN STANDARDS, LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.)  I Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on 04/09/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liah	oility Company," the designation "LLC" or	the abbreviation "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 agent and/or the new registered office address here:	e address on our records, enter the	name of the new register
Name of New Registered Agent:		A A A A A A A A A A A A A A A A A A A
New Registered Office Address:	Enter Florida street address	ASSET A
	, Florid	~ ~ ~ ~ <b>~</b>
	City	Zip Gode

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 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	Theresa Newman	303 Suzette Drive, Brandon, Florida 33511	≣Add
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n effective date is listed, the date must te: If the date inserted in this blo	be specific and cannot be p	prior to date of filing o	r more than 90 days after	onal) — — — — 60 ndate will not be lie	5.020
cument's effective date on the Dep			ing requirements, an	s date will not be its	icu a:
cord specifies a delayed effective	date, but not an effective	ve time, at 12:01 a.s	m. on the earlier of: (b	) The 90th day after	er the
s filed.					
ed July 23	2020				
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Philip La	( arma.	outhorized representat			

Filing Fee: \$25.00