L23000247874

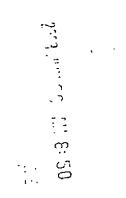
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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: Standard Property Manage ment L.LC. 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:
Emanuel A. Moore Name of Person
AHORNY
300 Palm Coast Pruy NE
A HORNY Firm/Company Firm/Company Firm/Company Firm/Company Address Address Address City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Emanuel A. Mode at (407) 301 806/ Name of Person at (407) Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
CV \$25.00 Filing Fee S 30.00 Filing Fee S Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Standard Property (Name of the Limited Liability Compa) (A Florida Limited Liability Compa)	Manage munt Ll ny as it now appears on our records.) Liability Company)	<u>C</u> .
The Articles of Organization for this Limited Liability Company Florida document number 23000247874	• •	023 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil. J A.		abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2612 Summer Kissinnee	Clouds War F1 34744
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same As,	Abone
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:		
Name of New Registered Agent:	NA	-3
New Registered Office Address:	N A- Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		(3)
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete		

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
AP	Vipursana T. Subrayan	2612 Summer Cloud	Wof
	Subrayan	2612 Symmer Cloud Kissimmer, F7 34744	Remove
			Change
			🗀 Add
			□Remove
			□Change
			□Remove
			DChange
			[]Add:
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			🗆 Change
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			Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Mispelling of NAMe.	
1000° S 6001/11	
AMBR: Subrayan spelled w. Change the n to m.	long
change the n' to m.	
Name Should be as tollow	<u>us:</u>
1/:	
Vidursana T. Subrayam	
Effective date, if other than the date of filing:(optional)	
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date was a specific and cannot be prior to date of filing or more than 90 days after filing.)	
document's effective date on the Department of State's records.	
he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The	Often day of witho
ord is filed.	90m day aner me
. / /2.22	
Dated 6 27 / 2023	سر.
Amanul Illower	•• -
Signature of a member or authorized representative of a member	
1 10 11	!
Emanuel H- Moore Typed or printed name of signee	ارثي
	50

Filing Fee: \$25.00