L23000439516

| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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|----------|------------------------------------|-------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| CHDIE | HLUSHAK | STANDARD LLC | | | | |
| SUBJE | CI: | Name of Lim | ited Liability Company | | | |
| The enc | losed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please r | eturn all correspo | ondence concerning this matter | to the following: | | | |
| | | ANDREW T. HLUSHAK | | | | |
| | | | Name of Person | | | |
| | | HLUSHAK STANDARD | | | | |
| | | | Firm/Company | | | |
| | | 2809 SWEETBRIAR DRI | VE | | | |
| | | | Address | | | |
| | | TALLAHASSEE, FLORII | DA 32312 | | | |
| | | City/State and Zip Code | | | | |
| | | ANDY.HLUSHAK@GMA | IL.COM to be used for future annual report notification) | | | |
| For furt | her information c | oncerning this matter, please of | | | | |
| ANDY | HLUSHAK | | 720 253-9241 at () | | | |
| | Name o | f Person | Area Code Daytime Telephone Number | | | |
| Enclose | d is a check for the | he following amount: | | | | |
| ≣ \$25 | 5.00 Filing Fee | ☐ \$30,00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & □ \$60,00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | | |
| | Mailing Address Registration S | | Street Address: Registration Section | | | |
| | Division of C | Corporations | Division of Corporations The Centre of Tallahassee | | | |

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| HLUSHAK STANDARD LLC | | |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| (<u>Name of the Limited</u> (A | Liability Company as it now appears on our records A Florida Limited Liability Company) | ±: 07 |
| The Articles of Organization for this Limited Liab | pility Company were filed on SEPTEMBER 21, | 2023 and assigned |
| Florida document number 1.23000439516 | · | |
| This amendment is submitted to amend the follow | ving: | |
| A. If amending name, enter the new name of t | he limited liability company here: | |
| The new name must be distinguishable and contain the wor | ds "Limited Liability Company," the designation "LLC" | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicat | ole: | |
| (Principal office address MUST BE A STREET | ADDRESS) | |
| | | |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BO | <u> </u> | |
| | | |
| B. If amending the registered agent and/or reg agent and/or the new registered office address | | the name of the new registe |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | | |
| | , Flo | orida Zip Code |
| | The state of the s | ·r |

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 | LAUREN E HLUSHAK | 2809 SWEETBRIAR DRIVE | |
| | | TALLAHASSEE, FL 32312 | ≡ Remove |
| | | | ☐ Change |
| | | | □ Add |
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| | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| | october le 2023 |
| Effec | tive date, if other than the date of filing:(optional) |
| (If an e Note: | flective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records. |
| he reco | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed. |
| Dated | 10000000000000000000000000000000000000 |
| | Signature of a member or authorized representative of a member |
| | ANDY HLUSHAK |
| | Typed or printed name of signee |