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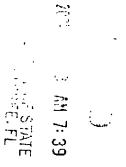
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 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:
Name of Person Name of Person Name of Person Purify Empany T901 4th St N STE 300 Address ST FETER SECURCO, FL VS 33702 City/State and Zip Code Summer and 2000 a gman cow E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Wind Person at (305) 979 9095 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certificate of Status Certificate of Status & Certificate Copy (additional copy is enclosed)

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**

(Name of the Limited Uiability Company as it now appear on our records.) (A Florida Limited Liability Company)
(A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on <u>uly 8th2024</u> and assigned Florida document number <u>L24000302</u> 443
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here: Standard Standa
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 records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: 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 hability 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>	<u>Address</u>	Type of Action
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	prior to date of filing or more to	than 90 days after filing.) F quirements, this date w	tursuant to 605.0207
an effective date is listed, the date must be specific and cannot be ote: If the date inserted in this block does not meet the appearant's effective date on the Department of State's recomment's	ords.		
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Filing Fee: \$25.00