900 050 310

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |

Office Use Only



200333409592

我们是我们的,我们的一个人的一种产品

OCT 3 2019

D CUSHING

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | DRATION: US STANDARD | MOVING & STORAGE (| CORP | | , |
|---|---|--|--|------------|-----------------|
| DOCUMENT NUM | IBER:P19000050310 | | | | |
| The enclosed Article | s of Amendment and fee are su | bmitted for filing. | | | |
| Please return all corr | espondence concerning this ma | tter to the following: | | | |
| | Jacob Hillman | | | | |
| | Name of Contact Person | | | | |
| | | Firm/ Company | | | |
| | 800 NE 13th St, Apt 4 | | | | |
| Address | | | | | |
| | Fort lauderdale, FL 33304 | | | | |
| | | City/ State and Zip Cod | e | | |
| jnhi | Ilman@gmail.com | | | | |
| | E-mail address: (to be us | sed for future annual report | notification) | | |
| For further information | on concerning this matter, pleas | se eall: | | | SESTATE SESS |
| Jacob Hillman | | at (| 2536345 | — es ez ez | 육됐구 |
| Name | of Contact Person | Area Co | de & Daytime Telephone Number | | - 845 |
| Enclosed is a check for the following amount made payable to the Florida Department of State: | | SM 9: 1 | | | |
| ■ \$35 Filing Fee | ☐\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | | ATIONS |
| <u>M:</u> | ailing Address | Street | Address | | |

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

US STANDARD MOVING & STORAGE CORP

| (Name of Corporation as current | tly filed with the Florida Dept. of State) |
|---|--|
| P19000050310 | |
| (Document Number of | of Corporation (if known) |
| Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation: | s Florida Profit Corporation adopts the following amendment(s) |
| A. If amending name, enter the new name of the corporation: | N (A |
| name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation | on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | M/A |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | |
| D. If amending the registered agent and/or registered office address registered agent and/or the new registered office address | |
| Name of New Registered Agent | //A ≥ Soprosi |
| (Florida e | treet address) |
| New Registered Office Address: | ్రే Florida |
| | (City) (Zip Code) |
| New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian | |
| Signature of New | Registered Agent, if changing |

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Example: X Change | PT | John Doe | |
|-------------------------------|-----------|------------------------|---------------------------|
| X Remove | <u>V</u> | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | Title | <u>Name</u> | Address |
| 1) Change | Р | Jacob Hillman | 800 NE 13th St, Apt 4 |
| Add | | | Fort Lauderdale, FL 33304 |
| Remove | | | |
| 2) Change | TR | NYC HOLDINGS GROUP LLC | 8063 ROSE MARIE CIR |
| Add | | | BOYNTON BEACH, FL 33472 |
| Remove | | | |
| 3) Change | T | Jeff Skuraton | 3629 DUNES VISTA DR |
| Add | | | POMPANO BEACH, FL 33060 |
| Remove | | | |
| 4) Change | s | Tiffany Skuraton | 3629 DUNES VISTA DR |
| Add | | | POMPANO BEACH, FL 33060 |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Parroya | | | |

| attach additional sheets, if necessary). | (Be specific) |
|---|--|
| | r(a |
| | |
| | |
| | |
| | |
| | |
| | |
| - | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| <u>an amendment provides for an excl</u> provisions for implementing the ame | hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) | |
| | NIA |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | adoption: | , if other than the |
|--|--|---------------------------|
| late this document was signed. | | |
| Effective date <u>if applicable</u> : | | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this document's effective date on the I | block does not meet the applicable statutory filing requirements, this date volepartment of State's records. | vill not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| ☐ The amendment(s) was/were as by the shareholders was/were | dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval. | |
| | oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s): | |
| "The number of votes ca: | st for the amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| action was not required. | dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder | |
| 9/16/201 Dated Signature | Dean | |
| (By a selec | director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted (iduciary by that (iduciary)) | |
| | Jacob Hillman | |
| | (Typed or printed name of person signing) | |
| | President | |
| | (Title of person signing) | |