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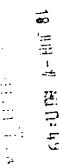
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COVER LETTER

		tration Section of Corpo						
erin itte		Storage Rent	als of America Elite Simpson	ville II, LLC				
SUBJEC	.: <u> </u>	Name of Limited Liability Company						
The enclo	osed 1	Anticles of A	mendment and fee(s) are subr	nitted for filing.				
Please re	turn a	ll correspond	dence concerning this matter t	to the following:				
			Claudia Morais					
		Name of Person						
			SROA Capital					
				Firm/Company				
			324 Datura Street, Suite 33	8				
				Address				
			West Palm Beach, FL 3340)1				
	City/State and Zip Code							
			claudia@sroa.com					
			E-mail address: (1	o be used for future annual re	port notification)			
For furth	er inf	ormation cor	ncerning this matter, please ca	d 1 :				
Claudia	Mora				1575 Daytime Telephor			
		Name of F	Person	Area Code	Daytime Telephor	ne Number		
Enclosed	lisac	heck for the	following amount:					
□ \$25.00	0 Filir	ig Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

TO:

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Storage Rentals of America Elite Simpsonville II, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on March 21, 2018 and assigned Florida document number L18000073523 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address

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.

Cuy

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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

Title	Name	Address	Type of Action
AMBR	Elite Stor Fund V. LLC	324 Datura Street, Suite 338	□ Add
		West Palm Beach, FL 33401	■ Remove
	Benjamin Macfarland		Change
AMBR	Holding Company, LLC	324 Datura Street, Suite 338	Add
		West Palm Beach, FL 33401	Remove
			Change
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neffective date is listed, the date m te: If the date inserted in this b	ust be specific and cannot be p lock does not meet the app	rior to date of filing or dicable-statutory-fili	more than 90 days after ng requirements, this	filing.) Pursuant t date will not b	o 605.00 e listed
cument's effective date on the	Department of State's reco	rds.			
record specifies a delaye	ad effective date, but	not an effective	time at 12:01 :	am on the	معدانه
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luna 6	2018				
led June 6	2018				
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Typed or printed name of signee

Filing Fee: \$25.00