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COVER LETTER

TO:	Registration Section Division of Corporations				
	STONG TO	OWER STORAGE, LLC			
SUBJI	ECT:				
	 	Name of Lim	ited Liability Company		
The en	iclosed Articles of	Amendment and fee(s) are sub	mitted for filling.		
Please	return all correspo	ndence concerning this matter	to the following:		
		CHRISTOPHER ROBIN	SON		
			Name of Person		
			Firm/Company		
		13622 NORTH FLORID	VAVE.		
Address TAMPA, FL 33612					
			City/State and Zip Code Chr. S & FR. to be used for future annual re	mpahomepro.neT	
For fu	nher information c			port notrogatismi	
For further information concerning this matter, please call CHRISTOPHER ROBINSON			7508		
	Name o	f Person	at () Area Code	Daytime Telephone Number	
Enclos	sed is a check for th	ne following amount:			
≅ \$2	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status of Certified Copy (additional copy is enclosed)	
	Registi Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	Registratio	f Corporations	

Tallahassee, Ft. 32314

Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

STONG TOWER STORAGE, LLC

(Name of the Limited Liability C (A Florida Li	Company as it now appears on our records.) mited Lability Company)
The Articles of Organization for this Limited Liability Com Florida document number	npany were filed on and assigned and assigned
This amendment is submitted to amend the following:	
A. If amonding name, enter the new name of the limited	d liability company here:
STRONG TOWER STORAGE, LLC	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	ss)
	1
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	>
Name of New Registered Agent:	red office address on our records, <u>enter the name of the new</u> ss <u>here</u> :
New Registered Office Address:	
·	Enter Florida street address
*****	, Florida
	Cus Zip Coxte
New Registered Agent's Signature, if changing Registered A	Agent:
provisions of all statutes relative to the proper and conaccept the obligations of my position as registered age	ed agree to act in this capacity. I further agree to comply with the appete performance of my diales, and I am familiar with and not as provided for in Chapter 605, F.S. Or, if this document is affice address. I hereby confirm that the limited liability
	If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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		08/15/2019			
Effective date, if other than (If an effective date is listed, the date	the date of filin		277	(optional)	4.45 /3.767
Note: If the date inserted in the	is block does not i	meet the applicable :	e or thing or more than watering require	ments, this date will no	ot be listed as
document's effective date on t	ne Department of :	State's records.			
the record specifies a dela	aved effective	date, but not an	effective time, at	. 12:01 a.m. on th	ie earlier of
) The 90th day after the	record is filed.	•	,		
Dated 8-24		2019			
Dated 0 7					
	Signature of a	member or authorized	representative of a mem	ber	
CHRISTOPHER	ROBINSON				
		Typed or printed nai	ne of signee		

Page 3 of 3

Filing Fee: \$25.00