## 4600072259

(Requestor's Name)
(Address)
( in a second
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(===,,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
oppose menostono to ming embor.

Office Use Only



600303412956

09/18/17--01004--009 \*\*25.00

2017 SEP 18 PH 2: 15

K SALY SET 1 9 2017

## **COVER LETTER**

	gistration Sec vision of Corp			
eup ir cr	Storage Now			
SUBJECT	:	Name of Limi	ited Liability Company	
The enclose	ed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please retur	n all correspon	dence concerning this matter	to the following:	
		Christopher J. Coffin		
			Name of Person	<del> </del>
		Storage Now Largo LLC		
			Firm/Company	
		8785 Sr 70 E		
			Address	
		Bradenton, FL 34202		
			City/State and Zip Code	<del></del>
		paul@storagenowfl.com		
		E-mail address: (t	to be used for future annual report notifica	tion)
For further	information co	ncerning this matter, please ca	all:	
Paul Nevin			941 727-8000 at ()	
	Name of	Person	Area Code Daytime T	elephone Number
Enclosed is	a check for the	e following amount:		
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section

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**

2017 SEF 18 PH 2: 18
ALLAH JAK DE STANDER

Storage Now Largo 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 Compa	any were filed on 04/11/2016	and assigned
Florida document number L16000072259		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "I	.1.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	ν	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		····
		<del></del>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		ords, enter the name of the new
Name of New Registered Agent:	<del> </del>	
New Registered Office Address:		
	Enter Florida street add	dress
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:	

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 Changing Registered Agent, Signature of New Registered Agent

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
AMBR	Paul Nevins	18 Seagrape Cir	■ Add
		Clearwater FL 33759	□ Remove
			Change
			Add
			Remove
		<del></del>	Change
			Change  Change  Change  Change
			□ Change ?
			Remove
			Change
			Add
		<del>-</del>	□ Remove
			Change
			Add
			_ □ Remove
			Change

	••	<del>:</del>			<del></del>
	- <del></del>			***	
	11 10 mm 11 mm				
					10 See 10 10 10 10 10 10 10 10 10 10 10 10 10
					77.
	<del> </del>				
· <del></del> -					
		<del></del>			
		<del></del>		<del></del>	<del></del>
				<del></del>	
ote: If the date ins	erted in this block	te of filing:  specific and cannot be pidoes not meet the appropriate of State's reconstruction.	rior to date of tiling or dicable statutory fil	(optio more than 90 days after ing requirements, this	nal) filing.) Pursuant to 605.0207 date will not be listed as
record specific The 90th day a			not an effective	time, at 12:01 a	.m. on the earlier of
ned 09/13/2017/	Hu	M			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00