(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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COVER LETTER

TO: Registration : Division of C					
	•	Storege /	ASSOCIATES ty Limited Partnership	<u>,</u> <u>Z</u> TÍ	D
	cate of Amendment an				
Please return all corr	espondence concernin	g this matter to:			
Deen.	Contact Person Figure Storage	2 Associat	25,LTD		
3489	Firm/Company	_			
Planta	Address LON, FL City. State and Zip Code	33322		1	 20.
	City, State and Zip Code			50	:50
E-mail address: (to	be used for future annual r	シア		9	
	on concerning this ma			P# သူ	087047
Daniel C	M. Utz	at (954) 2	40-1974		- 15 - 15 - 15 - 15 - 15 - 15 - 15 - 15
Name of Conta	et Person			_	Ŝ
Enclosed is a check t	for the following amou	int: 954 - 45	2-9600		
₩ \$52.50 Filing Fee	☐\$61.25 Filing Fee and Certificate of Status	□\$105.00 Filing Fee and Certified Copy	☐\$113.75 Filing Fee, Certified Copy, and Certificate of Status		
STREET ADDRES Registration Section Division of Corporat Clifton Building		MAILING A Registration Division of GP. O. Box 63	Section Corporations		

Tallahassee, FL 32314

103.3 a Lorendy

Send 43

6/27/2017 CK5776

2661 Executive Center Circle

Tallahassee, FL 32301



August 20, 2019

DANIEL C MINTZ PLANTATION STORAGE ASSOCIATES, LTD 8489 NW 17TH CT PLANTATION, FL 33322

SUBJECT: PLANTATION STORAGE ASSOCIATES, LTD.

Ref. Number: A30693

We have received your document for PLANTATION STORAGE ASSOCIATES, LTD. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Since you have stated that this limited partnership hereby elects to be a "Limited Liability Limited Partnership" your name must indicate that so your name will be changing to meet the new requirement of the Limited Liability Limited Partnership.

All general partners must sign when adding or deleting an election to be a limited liability limited partnership.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 819A00017000

9 SEP - 9 PH 2:21

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

Plantation Storage Associates (CTD)
Insert name currently on file with Florida Department of State

limited liability limited partnership, whose	202, Florida Statutes, this Florida limited partnership or certificate was filed with the Florida Department of State on med Florida document number.
adopts the following certificate of amendm	ned Florida document number <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>
This amendment is submitted to amend the following	owing:
A. If amending name, enter the new name of here:	of the limited partnership or limited liability limited partnership
No Change	stinguishable and contain an acceptable suffix.
New name must be dis	stinguishable and contain an acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partnership suffixed Limited Liability Limited Partnership su	artnership, Limited, L.P., LP, or Ltd uffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP
B. If amending mailing address and/or principal office address here:	principal office address, enter new mailing address and for
New Principal Office Address (Must be STREET address)	principal office address, enter new mailing address and of the second of
New Mailing Address: (May be post office box)	ATIONS
new registered agent and/or the new register	
Name of New Registered Agent:	Pawiel C. H. HZ 8489 NW 17th CT Enter Florida street address
New Registered Office Address:	8489 NW 17 CT
	Enter Florida street address
	Enter Florida street address Planka A. N. Florida 33322 City Zip Code
	Cuy Zip Coae

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.

If Changing Registered Agent, Signature of New Registered Agent

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

<u>Title</u>	Name	<u>Address</u>	Type of Action
General Partner	Loren A MiAZ	2220 pm 62m frn Boca Ration, 51 3349	
General Purtur	LAM warehouse,	3×4 ROJUNIES 33496	Add Remove
			□ Add □ Remove
			□ Add □ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."

☐ This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

Effective date, if other than the date of filing: (Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department State.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department State.)
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department State.)
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department State.)
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department State.)
State.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not
be listed as the document's effective date on the Department of State's records.
Signature(s) of a general partner or all general partners*:
(*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to swhen adding or removing a "limited liability limited partnership" election statement.)
President Loren HM. N+Z For LAM warehouse MGJ, LLC L. O. Trasurer Daniel C M. N+Z For LAM warehouse MGT, LLC W. C. W.
Secretury Lynn D. M. WE So LAMWARE MED. LC LYNN D. M. WE So LAMWARE MED. LC LYNN D. M. Du
Signature(s) of all new or dissociating general partner(s), if any:
Lacus Minters
Filing Fee: S52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75