09-14-21 02:47pm From- T-093 P.001/05 F-796

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Florida Department of State

Division of Corporations

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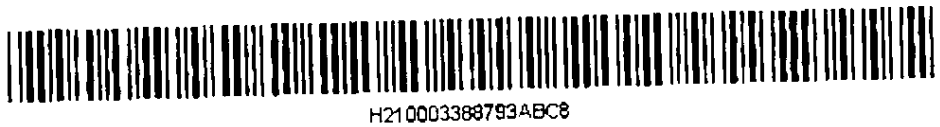
(((H21000338879 3)))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN
Account Number : I20020000140
Phone : (561)844-3600
Fax Number : (561)842-4104

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Email Address: BManley@usac1.com

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TALLAHASSEE, FLORIDA

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION

MM STORAGE PARTNERS, LP

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$52.50

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 14, 2021

MM STORAGE PARTNERS, LP
636 SKIPPACK PIKE SUITE 100
BLUE BELL, PA 19422

SUBJECT: MM STORAGE PARTNERS, LP
REF: B14000000228

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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) 245-6939.

Agnes Lunt
Regulatory Specialist III

FAX Aud. #: H21000338879
Letter Number: 721A00022172

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MM STORAGE PARTNERS, LP
Name of Limited Partnership or Limited Liability Limited Partnership

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

David B. Norris, Esq.
Contact Person

Cohen Norris Wolmer Ray Telepman Berkowitz Cohen
Firm/Company

712 U.S. Highway One, Suie 400
Address

North Palm Beach, FL 33408
City, State and Zip Code

BManley@usacl.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karin Drukas at (561) 844-3600
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

■ $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

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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP

MM STORAGE PARTNERS, LP
Insert name currently on file with Florida Department of State

B14000000228
Florida Document Number of Limited Partnership or Limited Liability Limited Partnership

Pursuant to the provisions of section 620.1207, Florida Statutes, this limited partnership or limited liability limited partnership submits the following statement of correction.

FIRST: The reason for filing this statement of correction is:
■ The record contained false or erroneous information.
☐ The record was defectively signed.

SECOND: This statement corrects 2021 FOREIGN LP ANNUAL REPORT
Specify document type being corrected
filed with the Florida Department of State on April 29, 2021
Insert date document filed with Dept. of State

THIRD: The false or erroneous information or defect is as follows:
The Annual Report contains the wrong "Current Principal Place of Business"; wrong "Current Mailing Address"; the wrong "Registered Agent", and the wrong "General Partner Detail". Further, the Annual Report is not signed by the authorized person. The incorrect information was mistakenly filed by an unaffiliated and unauthorized party.

FOURTH: The false or erroneous information or defect is corrected as follows:
1. Prinicipal Address: 600 West Germantown Pike, Plymouth Meeting, PA 19462
2. Mailing Address: P.O. Box 1547, Blue Bell, PA 19422
3. GP Name & Address: MM STORAGE, LLC, 600 West Germantown Pike, Suite 400, Plymouth Meeting, PA 19462
4. Registerd Agent: David B. Norris, Esq., Cohen Norris, et al., 712 U.S. Highway One, Suite 400, North Palm Beach, FL 33408

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Signature of a general partner*:
*(*Note: If adding or deleting an election to be a limited liability limited partnership statement, all general partners must sign. If adding additional general partner(s), the new general partner(s) must sign).*

Bruce D. Manley, Authorized Person
on behalf of MM Storage, LLC,
General Partner

Signature(s) of **new** general partner(s), if any:

Signature of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation below)

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.

Signature of Registered Agent

Filing Fee: **$52.50**
Certified Copy (optional): **$52.50**
Certificate of Status (optional): **$8.75**

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