L01000005599

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Amend

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COVER LETTER

| T(| D: Registration Se Division of Cor | | | | | |
|--|---------------------------------------|---|---|--|--|--|
| 61 | A+ MINI S | TORAGE DAVIE L.L.C. | | | | |
| SUBJECT: Name of Limited Liability Company | | | | | | |
| Th | e enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | | | |
| Ple | ease return all correspo | ondence concerning this matter | to the following: | | | |
| | | HEIDI PRENDES | | | | |
| | | | Name of Person | | | |
| | | A+ MINI STORAGE | | | | |
| | | | Firm/Company | | | |
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| | | MIAMI, FL 33186 | | | | |
| | | HPRENDES@APLUSMIN | City/State and Zip Code LCOM | | | |
| | | E-mail address: () | to be used for future annual report notif | fication) | | |
| Fo | r further information c | concerning this matter, please co | भी।: | | | |
| HEIDI PRENDES | | | 305 232-7198 at () Area Code Daytime | | | |
| | Name o | f Person | Area Code Daytime | : Telephone Number | | |
| En | closed is a check for the | he 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 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

| A± MINI STORAGE DAVIE L.L | .C. | | |
|--|--|--|--------------------------|
| (Name of the Lim | ited Liability Company as it m (A Florida Limited Liability C | ow appears on our records.) ompany) | |
| The Articles of Organization for this Limited 1 Florida document number L01000005594 | | ed on 04/11/2001 | and assigned |
| This amendment is submitted to amend the fol | lowing: | | |
| A. If amending name, enter the new name of | of the limited liability con | npany here: | 201 |
| The new name must be distinguishable and contain the | words "Limited Liability Compa | any," the designation "LLC" or the | he abbreviation "L.L.C." |
| Enter new principal offices address, if appli (Principal office address MUST BE A STRE. | | | |
| (Timespar office dadress From 1927) of the | | | |
| | | | <u>ķ</u> |
| Enter new mailing address, if applicable: | | | 18 |
| (Mailing address MAY BE A POST OFFICE | <u> </u> | | |
| | | | |
| B. If amending the registered agent and registered agent and/or the new registered of | | dress on our records, <u>en</u> | iter the name of the new |
| Name of New Registered Agent: | STEVEN H. NATURM. | AN | ····· |
| New Registered Office Address: | 9500 S. Dadeland Blvd. | Suite 601 | |
| New Registered Office Address. | | Enter Florida street address | |
| | MIAMI | , Florid: | a 33156 |
| | City | | Zip Code |

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.

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 = A | authorized Member | | |
|--------------|-------------------|---|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| te: If the | te, if other than the late is listed, the date in date in this ffective date on the | block does not i | meet the applica | able statutory fi | r more than 90 d ling requireme | _ (optional) ays after filing.) l nts. this date w | Pursuant to 605.0207 Ill not be listed as |
| | pecifies a delay day after the re | | | t an effectiv | e time, at 1 | 2:01 a.m. o | n the earlier o |
| ed | July 3 | Signature of a | member or author | ull | 2- | | |
| | | | | n CZ | U | | |

Page 3 of 3

Filing Fee: \$25.00