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(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:	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)
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Office Use Only



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COVER LETTER

TO: Registration 5 Division of Co			
	NGHORN, L.L.C.		
SOBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	oundence concerning this matter	to the following:	
	HEIDI PRENDES		
	A÷ MINI STORAGE	Name of Person	
	12200 SW 117TH AVE	Firm/Company	<u></u>
	MIAMI, FL 33186	Address	
	HPRENDES@APLUSMIN	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please ca	all:	
HEIDI PRENDES		305 232-7198	
Name	of Person	at ()	: Telephone Number
Enclosed is a check for	the 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

AMS LONGHORN, L.L.C.				
(Name of the Lin	ited Liability Comp (A Florida Limited	any as it now appears on ou Liability Company)	r records.)	
The Articles of Organization for this Limited	Liability Company	were filed on 12/26/200)1	and assigned
Florida document number L01000022526	 .			
This amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name	of the limited lial	oility company here:		
The new name must be distinguishable and contain the	words "Limited Liab	thity Company," the designati	on "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE	ET ADDRESS)			
			.	
			-	ا بست سست س
Enter new mailing address, if applicable:				<u> </u>
(Mailing address MAY BE A POST OFFICE	EBON)			

B. If amending the registered agent and registered agent and/or the new registered of			records, <u>enter the</u>	က္ name of the nev
Name of New Registered Agent:	STEVEN H. N	ATURMAN		
New Registered Office Address:	9500 S. Dadela	and Blvd. Suite 601		
		Finter Florida stre	es address	
	MIAMI		Florida 33156	
		City	2	ip 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 = N $AMBR = A$	tanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			☐ Change
			□ Remove
			Change
			☐ Remove
			Change
			☐ Remove
			☐ Change
			Remove
			☐ Change
			☐ Add
			☐ Remove

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ective date, if other	than the date of fi	llino:		(optional)	
effective date is listed, the	ne date must be specific Lin this block does n	and cannot be prior to or meet the applicab	date of filing or more th	an 90 days after filing.) Pu uirements, this date will	rsuunt to (x05.020 I not be listed a
record specifies a ne 90th day after			an effective time,	, at 12:01 a.m. on	the earlier (
edJLANY	3	20XV	ull	h	
	Signature c	of a member or authori	zed representative of a r	nember	

Page 3 of 3

Filing Fee: \$25.00