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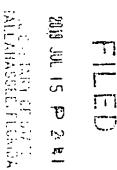
(Red	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

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COVER LETTER

	Registration So Division of Co			
CHDIEZ	KANU, L.I	L.C.		
SUBJEC	.1:	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub		
Please ret	turn all correspo	ndence concerning this matter HEIDI PRENDES	to the following:	
		A+ MINI STORAGE	Name of Person	
		12200 SW 117TH AVENU	Firm/Company JE	
		MIAMI, FL 33186	Address	
		HPRENDES@APLUSMIN	City/State and Zip Code I.COM	
			to be used for future annual report notif	ication)
For furthe	er information of	oncerning this matter, please co	all;	
HEIDI P	RENDES		305 232-7198 at()	
	Name c	of Person	Area Code Daytime	: Telephone Number
Enclosed	is a check for t	he following amount:		
\$25. 0	00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 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

FILED

KANU, L.L.C.			2019 114	15 10 2: 61
(Name of the Lim	ited Liability Com	pany as it now appears on Thiability Company)	our records.)	
	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		أجرز بالجاري	ALY STATE OF
The Articles of Organization for this Limited I	_iability Compar	y were filed on $\frac{05/22/2}{2}$	002 IALLAHA	and assigned
Plorida document number 1.02000012522				
his amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited lia	bility company here:		
				
he new name must be distinguishable and contain the	words "Limited Lia	bility Company," the design	ation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:			
•				
Principal office address MUST BE A STRE	ET ADDRESS)			
				
Enter new mailing address, if applicable:		*******		
Mailing address MAY BE A POST OFFICE	(BOX)			
3. If amending the registered agent and			r records, <u>ente</u>	r the name of the no
egistered agent and/or the new registered of	office address ho	ere:		
Name of New Registered Agent:	STEVEN H.	NATURMAN		
New Registered Office Address:	9500 S. Dade	land Blvd. Suite 601		
<u>rven regioniza o nace y tames.</u>		Enter Florida s	trees address	
	MIAMI		, Florida	33156
		City	1 101 101 1	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 Stanature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	RAUL L NUNEZ	12200 SW 117TH AVENUE	-
		MIAMI, FL 33186	□ Add
			☐ Remove
			■ Change
			☐ Remove
			☐ Change
			D Add
			□ Remove
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Note: 1	we date, if other than the ctive date is listed, the date in lift the date inserted in this bent's effective date on the l	lock does not	meet the appli	cable statutory fi	more than 90 days ling requirements	optional) after filing.) Pursuan , this date will not	t to 605.0207 (be listed as t
	ord specifies a delaye 90th day after the re			ot an effective	e time, at 12:0)1 a.m. on the	earlier of:
Dated _	July 3	Signature of:	200 Amember or aud	Ald Inorized representati	ive of a namber		

Page 3 of 3

Filing Fee: \$25.00