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		istration Sec sion of Corp				
SHR IE7	·· T ·	BURLINGT	ON SELF STORAGE OF W	EST PALM BEACH, L.I	C.	
1901915K			Name of Lim	nited Liability Company		
The encl	osed	Articles of A	amendment and fee(s) are sub	mitted for filing.		
Please re	eturn	all correspon	dence concerning this matter	to the following:		
			Anthony DiGiore			
				Name of Person		
			Levinson, Gritter & DiGio	re, LLP		
				Firm/Company		
			200 S Andrews Ave, Suite	903		
				Address		
			Fort Lauderdale, FL 33301			
				City/State and Zip Code		
			Anthony@lgdlawfirm.com			<u></u>
For furth	er in	formation cor	n-mail address: (neerning this matter, please ca	to be used for luture annual	report notification)	
Anthony			, and the state of		v 2251	
———	1710			at ()	8-3351 Daytime Telephone :	
		Name of I	Person	Area Code	Daytime Telephone !	Number
Enclosed	l is a	check for the	following amount:			
41 3+ 71	21 04 10	SEETUNATION SEEE FLOAMANION	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy tadditional copy is enc	closed) Co	0.00 Filing Fee. ertificate of Status & ertified Copy additional copy is enclosed)
17	17 #55	-Division P.O. Box	GADDRESS: ion Section of Corporations : 6327 see, FL 32314	Registrat Division Clifton B 2661 Exc	T/COURIER ADDRI ion Section of Corporations Building centive Center Circle see, FL 32301	ESS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

BURLINGTON SELF STORAGE OF WEST PALM BEACH, L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Florida document number 100211101001	Liability Company were file	d on 08/19/2011	_ and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability com	pany here:	
The new name must be distinguishable and contain the	words "Limited Liability Compar	ny," the designation "LLC" or the abbre	
Enter new principal offices address, if appl	icable:		17
(Principal office address MUST BE A STRE	ET ADDRESS)	P+ 1	930
		· · · · · · · · · · · · · · · · · · ·	2
		-···	₩ (D
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u> </u>	35	- 1
B. If amending the registered agent an registered agent and/or the new registered	office address here:	ress on our records, enter th	e name of the new
Name of New Registered Agent:	Anthony DiGiore		
New Registered Office Address:	200 S. Andrews Ave., Sui		
	E	Inter Florida street address	
	Fort Lauderdale	, Florida 3330	1
	City		Zip Code

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 = Ma $AMBR = Au$			
<u>Title</u>	Name	Address	Type of Action
			
			□ Remove
			□ Change
			
			Remove
			□ Chanaa

			
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