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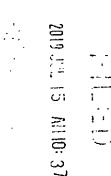
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COVER LETTER

то		stration Section of Corp			
CHI		SILVER BLI	UFF ESTATES, LLC		
SUI	BJECT: _		Name of Limi	ited Liability Company	
The	enclosed .	Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Plea	ase return a	ill correspon	dence concerning this matter (to the following:	
			HEIDI PRENDES		
			A+ MINI STORAGE	Name of Person	
			12200 SW 117TH AVE	Firm/Company	
			MIAMI, FL 33186	Address	
			HPRENDES@APLUSMIN	City/State and Zip Code I.COM	
			E-mail address: (t	o be used for future annual report notific	cation)
For	further inf	ormation co	ncerning this matter, please ca	ill:	
HE	IDI PREN			305 232-7198 at ()	
		Name of	Person	Area Code Daytime 1	Felephone Number
Enc	losed is a	check for the	following amount:		
	\$25.00 Fil	ling 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

AR	TICLES OF A TO		
ART	-	RGANIZATION	ecords.) and assigned
SILVER BLUFF ESTATES, LLC			ن ان
(Name of the Lim	ited Liability Company (A Florida Limited Li	as it now appears on our rability Company)	ecords.)
The Articles of Organization for this Limited I		vere filed on 02/04/2004	and assigned o
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liabil	ity company here:	
The new name must be distinguishable and contain the	words "Limited Liabilit	y Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:		
(Principal office address MUST BE A STRE			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)		
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:			cords, <u>enter the name of the new</u>
	9500 S. Dadeland	LRIVA Suite 601	
New Registered Office Address:	7500 5, Dadelaik	Enter Florida si-eet (nddress
	MIAMI		Florida
	, , ,	City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as register provisions of all statutes relative to the pro accept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of thi	per and complete p gistered agent as pr gregistered office a	erformance of my dutic ovided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is

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 = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	MIGUEL NUNEZ	12200 SW 117TH AVENUE	□ Add
		MIAMI, FL 33186	
			□ Remove
			■ Change
			□ Add
			☐ Remove
			Change
			
			☐ Remove
			Change
			
			☐ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			□ Add
			Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
· · · · · · · · · · · · · · · · · · ·
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records.
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of b) The 90th day after the record is filed.
Dated Signature of a member or authorized representative of a member
Jyped or printed name of Signee

Page 3 of 3

Filing Fee: \$25.00