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| questor's Name) | |
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TRANSMITTAL LETTER

| TO: Registration Se Division of Co | | | | |
|---------------------------------------|-----------------------------------|--|--|----|
| SUBJECT: | Anytime (Name of Lin | Storage, LLC nited Liability Company) | <u></u> | |
| | f Amendment and fee(s) are sub | • | | |
| Please return all corresp | ondence concerning this matter | to the following: | | |
| | BRUCE | TRayloR | | |
| | Anytime & | Storage, Luc Firm/Company) |) | |
| ***** | P.o. Box | /57 (Address) | | |
| ~~~ | Lynn Have | (Address) N FU 32 4 Stayle and Zip Code) | 44 | |
| For further information | concerning this matter, please ca | all: | 2004 DEC SECRETA | 71 |
| JUNE | O TRAYLOR (Name of Person) | 2 at (850) 527 (Area Code & Daytime | SECRETAN STATE ALLAHASSIN STATE 72 Telephone Number LORID | |
| Enclosed is a check for the | following amount: | |): 03 DRIDI | |
| \$ \$25.00 Filing Fee | 🗇 \$30,00 Filing Fee & | (1) \$55.00 Filing Fee & | ☐ \$60.00 Filing Fee, | |
| amoiso a margarot | Certificate of Status | Certified Copy (additional copy is enclosed) | Certificate of Status & Certified Copy (additional copy is enclosed) | |

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | (Present Name) (A Florida Limited Liability Company) |
|---------|--|
| FIRST: | The Articles of Organization were filed on $\frac{3/9/04}{4}$ and assigned document number $\frac{L0400011771}{4}$. |
| SECOND: | The following amendment(s) to the Articles of Organization was/were adopted by the limited liability company: |
| A | DOTTION OF FRANCES O. MCKINNEY IS MERRE WITH 33 & MEMBERSHIP HER ADDRESS IS: 3150 STATE AVENUE |
| P | 15 MERM WITH 333 MEMBERSHIP |
| H | TER ADDRESS IS: 3150 STATE AVENUE |
| · | Parama City AEC 32405 |
| Dated | 2/9/04 |
| | Lange Bruce Caylorized representative of a member Signature of a member or authorized representative of a member |
| | LAVON BRUCE TRAYLOR MBR Typed or printed name of signee |

Filing Fee: \$25.00