LOA000020068

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Orty/State/Zip/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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	Registration Se Division of Cor			
Chieners.		PROPERTIES, LLC		
SOBJEC	CT:		nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ndence 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 ILCOM	
		E-mail address: (to be used for future annual report not	ification)
For furth	er information co	oncerning this matter, please ca	all:	
HEIDI P	PRENDES		305 232-7198	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed	l is a check for th	ne following amount:		
\$25.0	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

PHANTOM PROPERTIES, LLC			
(Name of the Line	ted Liability Company : (A Florida Limited Liab	is it now appears on our records. Hry Company)	
The Articles of Organization for this Limited I. Florida document number L04000020068	Liability Company we	re filed on 03/15/2004	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability	y company here:	
The new name must be distinguishable and contain the	words "Limited Liability (Company," the designation "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	<u> </u>		
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:			enter the name of the new
	9500 S. Dadeland I	Not Suite 601	
New Registered Office Address:	ZAW G. IZRGERINE		
	MIAMI	, Flor	rida ³³¹⁵⁶
		City	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, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MIGUEL NUNEZ	12200 SW 117TH AVENUE	
		VIANA PL 22167	
		MIAMI, FL 33186	☐ Remove
			■ Change
		······································	☐ Remove
			☐ Change
			□ Add
		·	☐ Remove
			☐ Change
		·	□ Remove
			☐ Change
		-	□ Remove
			Change
			Add
			□ Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. 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.
If 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 of authorized representative of a member
Typed or printed name of signce

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Filing Fee: \$25.00