(R	Requestor's Name)					
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Special Instructions to Filing Officer:

A. LUNT

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EXAMINER

Office Use Only



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COVER LETTER

TO: Registration Se Division of Con					
SUBJECT: White Sands Storage Solutions LLC				8	
(Name of Limited Liability Company)					
The enclosed Articles of	'Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Curt Morse				
		(Name of Person)	**	7	ar and the
	White Sands Storage So	olutions LLC		ECR ECR	النائد
		(Firm/Company)		2009 MAR 30 SECRETARY TALLAHASSE	FILED
	PO Box 2128				<u> </u>
	·	(Address)	·····		Ö
	Pensacola, FL 32513-21	28		2: 53 TATE ORIDA	
		(City/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·	> ••	• .
For further information of	concerning this matter, please o	all:			
Curt Morse		at (850) 232-8356			
	of Person)	(Area Code & Daytime T	elephone Number)	_	
Enclosed is a check for t	he following amount:				
□ \$25.00 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)		
Regist Divisio	ING ADDRESS: ration Section on of Corporations lox 6327	STREET/COURIER Registration Section Division of Corporation Clifton Building			
	assee, FL 32314	2661 Executive Cente	r Circle		

2661 Executive Center Circle Tallahassee, FL 32301

`ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

White Sands Storage Solutions					
(<u>Name of the Limite</u>)	d Liability Compa A Florida Limited I	ny as it now appears on our Liability Company)	records.)		
The Articles of Organization for this Limited Liability Company were filed on June 14, 2004 and Florida document number L04000044643					
This amendment is submitted to amend the following	lowing:				
A. If amending name, enter the new name of	of the limited liab	ility company here:			
The new name must be distinguishable and end w. "L.L.C."	ith the words "Limi	ited Liability Company," the	designation "LLC for the	ne afficeviation	
Enter new principal offices address, if applicable:		8161 Briese Ln	AS AS		
(Principal office address MUST BE A STREE	ET ADDRESS)	Pensacola, FL 32514	SSEE		
				3 1	
Enter new mailing address, if applicable:		PO Box 2128	ORIDA	P: 53	
(Mailing address MAY BE A POST OFFICE BOX)		Pensacola, FL 32513-2	128		
B. If amending the registered agent and/ registered agent and/or the new registered o	or registered of	fice address on our reco	ords, enter the name	of the new	
Name of New Registered Agent:	Curt Morse				
New Registered Office Address:	8161 Briese L				
		(Enter Flor	ida street address)		
	Pensacola	, Florida 32514			
		(City)	(Zip Co	ode)	

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Type of Action Address** <u>Title</u> <u>Name</u> MGRM **Curt Morse □** Add 8161 Briese Ln Remove Pensacola, FL 32514 **□** Add MGR John McGuire 8161 Briese Ln ■ Remove Pensacola, FL 32514 Remove ☐ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2009 Dated March 25 Signature of a member or authorized representative of a member **Curt Morse**

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00