

L050000165985

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

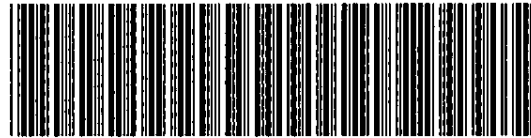
Special Instructions to Filing Officer:

L. SELLERS

DEC 28 2011

EXAMINER

Office Use Only



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12/27/11--01010--025 **25.00

FILED
11 DEC 27 PM 3:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Treasure Coast Storage LLC

Name of Limited Liability Company



The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bruce P. Watson / Treasure Coast Storage Vero LLC

Name of Person

275 Date Palm Rd Unit 405

Firm/Company

Vero Beach, FL 32963

Address

City/State and Zip Code

USMC6569 @comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bruce P. Watson

Name of Person

at (772) 559 7039

Area Code & Daytime Telephone Number

Enclosed is a check for the 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)



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**

Treasure Coast Storage, LLC
(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 Liability Company were filed on _____ and assigned Florida document number L 05 0000 65985.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Treasure Coast Storage Vero, LLC
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

275 DATE Palm Rd, Unit 405
Vero Beach, FL 32963

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

275 DATE Palm Rd, Unit 405
Vero Beach, FL 32963

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

SAME

Name of New Registered Agent:

Charles Sanford

New Registered Office Address:

3003 Cardwell Driv Sub B

Enter Florida street address

Vero Beach

Florida

32963

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

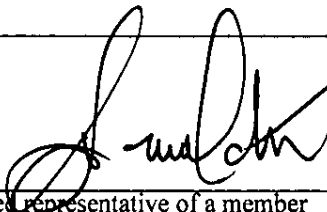
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 12/20/2011



Signature of a member or authorized representative of a member

Bruce P. Watson

Typed or printed name of signee

FILED
11 DEC 27 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA