LD600016274

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Nan	ne)
(Docu	ment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to File	ing Officer:	
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Office Use Only



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July 27, 2017

BECKY COSCIA 900 TWELVE OAKS DR WINTER HAVEN, FL 33880

SUBJECT: DUNDEE SELF STORAGE, LLC

Ref. Number: L06000016274

We have received your document for DUNDEE SELF STORAGE, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 117A00015225

Deborah Bruce Regulatory Specialist III

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 1) civilier S-elf Storage LLC. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Picase return all correspondence concerning this matter to the following:
Precky Coscial Name of Person
Firm/Company
900 Twelve Caks Dr.
Wixeter Haven 7 33330 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Herson Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certificate of Status & 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

Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.)	<u>L</u> L_C
The Articles of Organization for this Limited Liability Company w Florida document number LOGOOO/6074 This amendment is submitted to amend the following:	ere filed on <u>Jine ACO</u> (e and assigned
A. If amending name, enter the new name of the limited liabilit	y company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the a	bbreviation "L.I.,C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	17/17	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ly 14	
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	e address on our records, enter	the name of the new
Name of New Registered Agent:	el/n	
New Registered Office Address:	Para Chairles	
	Enter Florida street address	
	, Florida	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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member				
<u>Title</u>	Name	Address	Type of Action	
$\sqrt{N/N}$			D Add	
			□ Remove	
			Change	
			□ Remove	
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		🗀 Add		
			□ Remove	

_____ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	we date, if other than the date of filing: (accepted to the date of filing) (optional) ctive date is listed, the date must be specific and cannot be prior b) date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
If the rec (b) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
Dated_	3/1/17
	Signature of a member or authorized representance of a member
	The state of the s
	Becky Coscial Typed for printed name of signed

Page 3 of 3

Filing Fee: \$25.00