

LD60000067547

DONALD Anderson

P.O. Box 39

Fort Myers, FL 33902

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

L. SELLERS

MAY 20 2009

EXAMINER

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05/08/09--01013--003 **35.00

FILED
09 MAY 19 AM 8:28
SECRETARY OF STATE
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 15, 2009

DONALD ANDERSON
P.O. BOX 39
FORT MYERS, FL 33902

SUBJECT: EMPLOYEE HOUSING CONNECTION OF FLORIDA, LLC
Ref. Number: L06000067547

We have received your document for EMPLOYEE HOUSING CONNECTION OF FLORIDA, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This office is unable to determine what you are trying to file, as the form you submitted is for a corporation, not a limited liability company. Please contact our office at 850-245-6051 for further assistance.

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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 009A00016652

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Employee Housing Connection of Florida LLC,
Name of Limited Liability Company
D.O. No. L 06000067547

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

Please return all correspondence concerning this matter to the following:

DONALD D. ANDERSON
Name of Person
Employee Housing Connection of FL LLC
Firm/Company
P.O. Box 39
Address
Fort Myers, FL 33902
City/State and Zip Code
DONALDANDERSON001@GMAIL.COM
E-mail address: (to be used for future annual report notification)

EMPLOYEE HOUSING CONNECTION OF FL
P.O. Box 39
Fort Myers, FL 33902

For further information concerning this matter, please call:

DONALD D. ANDERSON at (330) 219 3097
Name of Person 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**

Employee Housing Connection of Florida 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 06/30/2006 and assigned Florida document number L06000067547.

This amendment is submitted to amend the following:

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

SECURE SELF STORAGE OF SOUTHWEST Florida 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 39
Fort Myers, FL 33902

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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

, Florida

City

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TALLAHASSEE, FLORIDA

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 _____, _____.

Donald P. Anderson
Signature of a member or authorized representative of a member
DONALD P. ANDERSON
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE FLORIDA

09 MAY 19 AM 8:28

FILED