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COVER LETTER '

	Registration Sect Division of Corpo					
CHD IE C	Downtown	n Mini Storage, LLC				
SUBJEC	1:	Name of Lim	ited Liability Company			
The enclo	sed Articles of A	mendment and fee(s) are sub-	mitted for filing.			
Please reti	urn all correspond	dence concerning this matter	to the following:			
		Kenneth R Johnson				
			Name of Person			
		Coleman Yovanovic	h & Koester, P.A.			
			Firm/Company			
		4001 Tamiami Trail	North, Suite 300			
			Address			
		Naples, FL 34103				
			City/State and Zip Code	-	and and the	,
	•	kjohnson@cyklawfirn			2014 DEC 2	- Control
		E-mail address: (1	to be used for future annual report notification	ı)		
For furthe	r information cor	ncerning this matter, please ca	all:		~~~~~~~~~~~~~~~~~~~~~~~~~~~) priminir
Kennet	h R Johnson		239 595-5391		Y 07 7	manus.
	Name of I	Person	Area Code Daytime Telep	hone Number	STATE LORIDA	n
Enclosed:	is a check for the	following amount:				
\$25.00	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	

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

Downtown Mini Storage, LLC		
(Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
(**	Tionaa Bilinea Blabiniy Company)	
The Articles of Organization for this Limited Liab	ility Company were filed on 07/11/06	and assigned
Florida document number L06000070181	<u> </u>	·
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here;	
Tanglewood Naples, LLC		
•	rds "Limited Liability Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	·
(Principal office address MUST BE A STREET)	ADDRESS)	
		7.0 23
E 4		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BC	<u></u>	
	registered office address on our records, ent	er the mame of the new
registered agent and/or the new registered offic	e address here:	## 5
		•
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Liner 1 to ma street thatess	
	, Florida	
	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	-		Add
			□ Remove
			Add
			□ Remove
			Add
			DEC 23 Add 4: Nove AHASSEF FLURIDA
			Renove
	71-		
			☐ Remove

	n, enter change(s) here: (Attach addit	
ffective date, if other than the da ne effective date must be specific, cannot be ne date this document is filed by the Florid	te of filing: pe prior to date of receipt or filed date and canno a Department of State)	(optional) t be more than 90 days after
December 22	2014	
nted		
Kumt Walson		
Nount I Delica	nature of a member or authorized representati	re of a member

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Filing Fee: \$25.00

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