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LORETARY OF CTATE TAIL ATTASSEE, FLORIDA

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COVER LETTER

TO:	Registration Sec Division of Corp			
a		Ridge Properties, LLC.		
SUBJE	CT:	Name of Limi	ted Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please r	eturn all correspor	ndence concerning this matter t	o the following:	
		John B. Rogers		
			Name of Person	
		Crestview Mini Storage 1	, LLC.	
			Firm/Company	···
		601 N Ferdon Blvd		
			Address	
		Crestview, FL 3253		
Please retui		hatlamatic@amail.com	City/State and Zip Code	
brtlaseptic@gmail.com E-mail address: (to be used for future annual report notification)				
For furt	her information co	oncerning this matter, please ca		
John B	Rogers		850 837-7200 at ()	Telephone Number
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	e 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:

TO:

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

Lantern Ridge Properties, LLC.			
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appear la Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on	5-7-07	and assigned
Florida document number L07000048236	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company he	re:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the d	esignation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			- <u> </u>
(Principal office address MUST BE A STREET ADD	RESS)	· -	35 3
			70 - T7
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			<u></u>
B. If amending the registered agent and/or registered agent and/or the new registered office ad-		our records, g	enter the name of the ne
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter Flor	ida street address	
		Flori	
	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 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	John B Rogers	601 N Ferdon Blvd Crestview, FL 32536	Add
			Remove
			Change
MGR	Kellie L Wilsdorf	601 N Ferdon Blvd Crestview, FL 3253	Add
			Remove
			Change
			Remove
			☐ Change
			Add
			Remove
			☐ Change
			Add
			□ Remove
			□ Change
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ective date, if other than the neffective date is listed, the date muster. If the date inserted in this blument's effective date on the D	st be specific and c ock does not me	cannot be prior to set the applicab	date of filing or mo	(opti re than 90 days afte requirements, thi	r filing.) Pursuant to 6	05,020 sted as
record specifies a delayed the 90th day after the rec	d effective da ord is filed.	ate, but not	an effective ti	me, at 12:01	a.m. on the ear	lier o
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·		2019				
10-29 ted	2	il	Okw-			

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Filing Fee: \$25.00