

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(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:		
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number))
Certified Copies	_ Certificate:	s of Status
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IAM AND SEC. FLORIDA

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COVER LETTER

Divisio	on of Corp	porations		
	Sam Coo	ok Property, LLC.		
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed A	rticles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all	l correspon	ndence concerning this matter t	to the following:	
		John B. Rogers		
	Name of Person Crestview Mini Storage 1, LLC			
		Crestview Mini Storage 1	I, LLC.	
			Firm/Company	
		601 N Ferdon Blvd		
			Address	-
		Crestview, FL 32538		
		brtlaseptic@gmail.com	City/State and Zip Code	
		,	to be used for future annual report notific	cation)
For further info	rmation co	oncerning this matter, please ca	ill:	
John B Rogers			850 837-7200 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a ch	neck for the	e following amount:		
■ \$25.00 Filii		□ \$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)
	MAILI	NG ADDRESS:	STREET/COURIE	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sam Cook Property, LLC.			
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	5-7-07	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the de	esignation "LLC" or the	he abbreviation A.L.C."
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			- F. G.
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.		our records, <u>en</u>	ter the name of the new
Name of New Registered Agent:		<u> </u>	
New Registered Office Address:	Enter Flor	ida street address	
	Asime of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) This Limited Liability Company were filed on		
	City	, Florid:	Zip Code
	S. II.		****

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>	Address	Type of Action
MGR	John B Rogers	601 N Ferdon Blvd Crestview, Fl. 3253	
			☐ Remove
			Change
MGR	Kellie L Wilsdorf	601 N Ferdon Blvd Crestview, FL 3253	Add
			Change
			Remove
		<u> </u>	☐ Change
			Add
			Remove
			☐ Change
			Add
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			☐ Change

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reffective date is listed te: If the date inser	er than the date of it, the date must be specificated in this block does ate on the Department	ic and cannot be prior not meet the applica	to date of filing or mo able statutory filing	(option than 90 days after requirements, this	filing.) Pursuant to 605	.020 ed a
record specifies he 90th day aft	a delayed effecti er the record is fi	ve date, but no led.	t an effective ti	me, at 12:01 a	.m. on the earlie	er c
10-29 red		2019				
	(1	int ON	GE			
	Signature	of a member or autho	orized representative (of a member	<u>-</u>	
	ogers					

Page 3 of 3

Filing Fee: \$25.00