

7/27/2017

Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L09000104386

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(((H17000196975 3)))



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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : GASSMAN, CROTTY & DENICOLO, P.A.
Account Number : 075350000514
Phone : (727)442-1200
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7/27/17

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HAMLIN'S STORAGE, LLC**

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

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7/28/2017 9:57:51 AM PAGE 1/001 Fax Server



July 28, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HAMLIN'S STORAGE, LLC
11621 HAMLIN BLVD
LARGO, FL 33774US

SUBJECT: HAMLIN'S STORAGE, LLC
REF: L09000104386

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

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.

Jenna D Harris
Regulatory Specialist II

FAX Aud. #: H17000196975
Letter Number: 617A00015249

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2017 JUL 28 AM 11:11
TALLAHASSEE, FLORIDA

Audit Fax# H170001969753

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

HAMLIN'S STORAGE, L.L.C.

(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 10/29/2009 and assigned
Florida document number 1.09000104386

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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)

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: ALAN S. GASSMAN, ESQ.

New Registered Office Address: 1245 COURT STREET

Enter Florida street address

CLEARWATER, Florida 33756

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

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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>	<u>Type of Action</u>
MGRM	RONALD E. MCVETY	1520 GULF BLVD.	<input type="checkbox"/> Add
		INDIAN ROCKS BEACH, FL	<input checked="" type="checkbox"/> Remove
		33785	<input type="checkbox"/> Change
MGR	FACTS MANAGEMENT, L.L.C.	1245 COURT STREET	<input checked="" type="checkbox"/> Add
		CLEARWATER, FL 33756	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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Pursuant to 605.0207 (N.M.S.A.), this document and its contents will not be listed as a public record.

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated July 17, 2017

Round the Vast

Signature of a member or authorized representative of a member

RONALD E. McVETY, Manager

Typed or printed name of signee

H-170001969753