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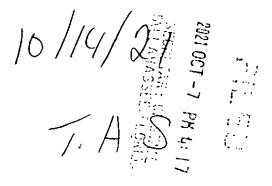
| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: Registration S Division of Co | | • | |
|-----------------------------------|---|---|--|
| CHAIN THE CALL | STORAGE LLC | | |
| | | led Liability Company | |
| The enclosed Articles o | f Amendment and fee(s) are subr | nitted for filing. | |
| Please return all corresp | ondence concerning this matter t | o the following: | |
| | Mr. Kris Dum | | |
| | | Name of Person | · |
| | Law Office of Kris Dunn, F | P.A. | |
| | *** | Firm/Company | |
| | 215 E. Tharpe St. | | |
| | | Address | · <u> </u> |
| | Tallahassee, Florida 32303 | | |
| | | City/State and Zip Code | |
| | Kris@KrisDunnLaw.com | <u> </u> | - |
| | | o be used for future annual report notif | fication) |
| For further information | concerning this matter, please ca | (I): | |
| Kris Dunn | | 850 583-5380 at () | |
| Name | of Person | Area Code Daytime | e Telephone Number |
| Enclosed is a check for t | 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| AVALON STORAGE LLC | | |
|---|---|----------------------------|
| (Name of the Limited Liability Comp (A Florida Limited | nany as it now appears on our records.) [Lability Company] | |
| The Articles of Organization for this Limited Liability Compan | y were filed on February 5, 2010 | and assigned |
| Florida document number 4.1000013917 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, <u>enter the new name of the limited lia</u> | bility company here: | |
| The new name must be distinguishable and contain the words "Limited Lia | bility Company," the designation "LLC" or the | ne abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | vicenti sonilar | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | | |
| | | |
| 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 office | | 202 202 |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, enter the t | name of the new registered |
| agent and/or the new registered office address nere. | | 7 |
| Name of March Davids and Assessed | | F. 7 |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Param Planta arms of a University | <u> </u> |
| | Enter Florida street address | 7 |
| · | , Florid: | Zip Code |
| | CIŲ | rap coac |

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 |
|--------------|----------------|--|---|
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| Effective date, if other than the d (If an effective date is listed, the date must) Note: If the date inserted in this block document's effective date on the Dep | be specific and cannot be price. It does not meet the appleartment of State's record | or to date of filing or mo icable statutory filing | (optional) ne than 90 days after filing, requirements, this date |) Pursuant to 1885. with not be liste | 0207 t3id ed as the |
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| the record specifies a delayed effective cord is filed. | date, but not an effective | time, at 12:01 a.m. o | n the earlier of: (b) Th | e 90th day after | the |
| Dated October 5 | . 2021 | · | | | |
| | 11 | S. S | | | |
| S | ignature of a member or and | horized representative | of a member | | |
| Chris Deluca | | | | | |
| - | Lyped or prii | nted name of signee | - | | |

Filing Fee: \$25.00