

L100000018056

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

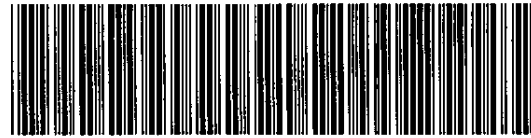
(Business Entity Name)

(Document Number)

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10/27/10--01014--026 **30.00

T. CLINE

OCT 28 2010

EXAMINER

FILED
10 OCT 27 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Sylvestre Storage LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Clifford Sylvestre

Name of Person

Sylvestre Storage LLC

Firm/Company

110 Goodwin RD

Address

Canterbury, Ct 06331

City/State and Zip Code

CPSylvestre@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Clifford Sylvestre

Name of Person

at (860) 559-1513

Area Code & Daytime Telephone Number

Enclosed is a check for 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Gator Storage trailer Rental LLC

(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 2-1-01 and assigned
Florida document number L1000018056

This amendment is submitted to amend the following:

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

Sylvestre Storage LLC

The new name must be distinguishable and end with 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)

110 Goodwin RD
Canterbury, Ct 06831

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

110 Goodwin RD
Canterbury, Ct 06331

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TALLAHASSEE, FLORIDA

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, 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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:


MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Managing Member	DAVID Sylvestre	110 Goodwin RD Canterbury, ct 06331	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
member	Clifford Sylvestre	14 Connecticut DR Plainfield, ct 06374	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
member	William Roxster	2639 E. Bell Ave Bell, FL 32619	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
member	Sheila Roxster	2639 E. Bell Ave Bell, FL 32619	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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 TALLAHASSEE, FLORIDA

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

Dated 10-19-10, _____.



 Signature of a member or authorized representative of a member
Clifford Sylvestre

 Typed or printed name of signee