

L10000018370

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

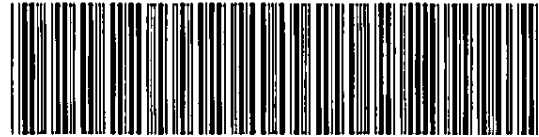
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700314169057

06/04/19--01010--019 **25.00

FILED
19 JUN -4 AM 8 17
CLERK
AT

○ SIMMONS

JUN 05 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Flagship Tilt-Wall, 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:

Jeff Sawyers

Name of Person

Flagship Tilt-Wall, LLC

Firm/Company

1725 Lexington Ave

Address

Deland, FL 32724

City/State and Zip Code

jsawyers@flagshiptiltwall.com

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

For further information concerning this matter, please call:

Jeff Sawyers

386 279-0019 ext 207

Name of Person

at (_____) _____
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

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

Flagship Tilt-Wall, 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 February 17, 2010 and assigned
Florida document number L10000018370.

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)

1725 Lexington Ave.

Deland, FL 32724

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1725 Lexington Ave.

Deland, FL 32724

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:

W. Jeffrey Sawyers

New Registered Office Address:

1725 Lexington Ave.

Enter Florida street address

Deland

City

Florida 32724

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>	<u>Type of Action</u>
MGR	Self Storage Associates, Inc.	3700 34th Street, Suite 302	<input type="checkbox"/> Add
		Orlando, FL 32805	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Johnnie M. Workman	1725 Lexington Ave.	<input checked="" type="checkbox"/> Add
		Deland, FL 32724	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Terry L. Workman	1725 Lexington Ave.	<input checked="" type="checkbox"/> Add
		Deland, FL 32724	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Shaun M. Workman	1725 Lexington Ave.	<input checked="" type="checkbox"/> Add
		Deland, FL 32724	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

15 JUL - 6
111
2

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.

Dated May 31, 2018

Terry L. Workman

Typed or printed name of signer