Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number: 120010000062

: (323)962-8600

Phone Fax Number

: (323)962-3889

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN POINCIANA SELF STORAGE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu S. HAWKES

JUL 1 2010

EXAMINER

TO:

Registration Section

COVER LETTER

Division of Corporations		
SUBJECT: POINCIANA SELF STORAGE,	LLC	
	ited Liability Company)	
The enclosed Articles of Amendment and fee(s) are suf-	bmitted for filmg.	
Please return all correspondence concerning this matter	to the following:	
Katherine DePanghe	er	
	(Name of Person)	
Legalzoom.com, Inc		
	(Firm/Company)	
7083 Hollywood Blvd	d., Suite 180	
	(Address)	
Los Angeles, CA 90		
	(City/State and Zip Code)	
For further information concerning this matter, please c	all:	
Katherine DePangher	at. (323) 962-8600	
(Name of Person)	(Area Code & Daytime '	Felephone 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	STREET/COURIER Registration Section Division of Comoration	

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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)

DUIT ZU TO TELION - POUTE TAG

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:

	Name	Address	Type of
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	me 2864, 20°	10	
		10bef or authorized representative of a member	

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Filing Fee: \$25.00