

L10000079323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

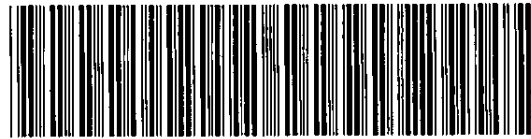
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

MAR 22 2013

A. LUNY

Office Use Only



000245830070

03/21/13--01002--020 \*\$275.00

FILED RECEIVED  
2013 MAR 21 AM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
DEPARTMENT OF REVENUE  
OFFICE OF FILING

**CORPORATE  
ACCESS,  
INC.**

*"When you need ACCESS to the world"*

236 East 6th Avenue . Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

**WALK IN**

PICK UP: 3-21-13

<input checked="" type="checkbox"/>	CERTIFIED COPY	_____	SECRETARY OF STATE TALLAHASSEE, FLORIDA 2013 MAR 21 AM 11:08 <b>FILED</b>
<input type="checkbox"/>	PHOTOCOPY	_____	
<input type="checkbox"/>	CUS	_____	
<input checked="" type="checkbox"/>	FILING	<u>LLC Amend</u>	

1. Storkwik Citrus Tower, LLC  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

StorKwik Citrus Tower, 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 July 28, 2010 and assigned Florida document number L10000079323.

This amendment is submitted to amend the following:

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

Storage Properties I Citrus Tower, 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)**

c/o Kayne Anderson Real Estate Advisors II, LLC

200 Business Park Drive, Suite 309

Armonk, NY 10504

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

c/o Kayne Anderson Real Estate Advisors II, LLC

200 Business Park Drive, Suite 309

Armonk, NY 10504

**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:**

NRAI Services, Inc.

**New Registered Office Address:**

515 East Park Avenue

*Enter Florida street address*

Tallahassee,

Florida 32301

*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**

Page 1 of 3

*JOANNE CASWELL, Asst. Secy.*

2013 MAR 21 AM 10:08  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

**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**

Title	Name	Address	Type of Action
MGR	Flagship Storage Fund I, LLC	3700 34th Street, Suite 302	<input type="checkbox"/> Add
		Orlando, FL 32805	<input checked="" type="checkbox"/> Remove
MGR	Storage Properties I Manager, LLC	c/o Kayne Anderson Real Estate Advisors II, LLC	<input checked="" type="checkbox"/> Add
		200 Business Park Drive, Suite 309	<input type="checkbox"/> Remove
		Armonk, NY 10504	
			<input type="checkbox"/> Add
			<input 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

2013 MAR 21 11:08  
 REC'D  
 SEC. REG. STATE  
 ARN. FL. ORG.

FILED

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated March 19 , 2013

*Frank L. Duemmler*

Signature of a member or authorized representative of a member

Frank L. Duemmler, Vice President

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 MAR 21 AM 11:08

FILED