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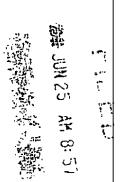
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COVER LETTER

TO: Registration Section W (20 M) **Division of Corporations** STORERIGHT MANAGEMENT, LLC SUBJECT: 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: Kyle H. Jensen Name of Person Clark, Campbell, Lancaster & Munson, P.A. Firm/Company 500 South Florida Ave., Suite 800 Address Lakeland, FL 33801 City/State and Zip Code khjensen@cclmlaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kyle H. Jensen Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations

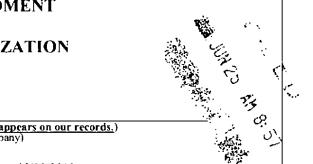
Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



STORERIGHT MANAGEMENT, 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 w	ere filed on <u>08/20/2010</u>	and assigned
Florida document number L10000087900		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	y company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "l.	JLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	·····	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: Name of New Registered Agent:	ce address on our reco	rds, enter the name of the new
New Registered Office Address:		
	Enter Florida street add	tress
-		Florida
Non-Desirational Associations if the series Desirational Association	City	zip Coae
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete peaccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, ovided for in Chapter 60	, and I am familiar with and 05, F.S. Or, if this document is
If Change	na Pagistered Agent Signatu	ure 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
MGR	Matthew R. Clark	P.O. BOX 1869	Add
		LAKELAND, FL 33802-1869	
			Remove
			■ Change
MGR	Thomas F. Anderson	P.O. BOX 1869	
		LAKELAND, FL 33802-1869	Add
			Remove
			Change
			🗖 Add
			□ Remove
			Change
			Add
			□ Remove
			Change
			□ Remove
			🗖 Change
			Add
			□ Remove
			☐ Change

. H amen	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
-	
_	
_	
(If an effec <u>Note:</u> If	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated _	RIII. U.S. Signature of a member or authorized representative of a member
	Royald L. Clurk Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00