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	(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:		

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RECEIVED DERASTMENT OF STATE



ACCOUNT NO. : 12000000195					
REFERENCE : 313640 82866A					
AUTHORIZATION :					
COST LIMIT : 75 25.00					
ORDER DATE : September 25, 2014					
ORDER TIME : 2:10 PM					
ORDER NO. : 313640-015					
CUSTOMER NO: 82866A					
DOMESTIC AMENDMENT FILING NAME: STORERIGHT (OCALA II) LLC					
EFFECTIVE DATE:					
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING					
CONTACT PERSON: Courtney Williams EXT# 62935					

EXAMINER'S INITIALS:

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: StoreRight (Ocala II), 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:

Justin P. Callaham

Name of Person

Clark, Campbell, Lancaster & Munson, P.A.

Firm/Company

500 South Florida Ave., Suite 800

Lakeland, Florida 33801

City/State and Zip Code

jcallaham@clarkcampbell-law.com

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

For further information concerning this matter, please call:

Justin P. Callaham

at (863) Area Code Daytime Telephone Number

Name of Person

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

StoreRight (Ocala II), LLC		
(<u>Name of the Limited Liabilit</u> (A Plonda	y Company as it now appears on our re Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Co. Florida document number L11000047224	ompany were filed on <u>04/20/201</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
n/a		
The new name must be distinguishable and end with the words "Lim	ited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	n/a	
(Principal office address MUST BE A STREET ADDR	ESS)	ASTON ASTON
		25 GRE
Enter new mailing address, if applicable:	n/a	고 경우는
(Mailing address MAY BE A POST OFFICE BOX)		- 33
		27 G.F.
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		ords, enter the name of the new
Name of New Registered Agent: n/a		
New Registered Office Address:		
	Enter Florida street ad	idress
·		, Florida
New Degistered Agent's Signature if changing Degistered	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 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

:

Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member Title Name Address Type of Action n/a _□ Add ☐ Remove _□ Add _____ Remove _□ Reffineve ☐ Remove □ Add □ Remove

· If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or

D. If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Se	ee attached.
(The effective	date, if other than the date of filing:(optional) e date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after s document is filed by the Florida Department of State)
Dated	Scpt. 25, 2014.
	Mat Cl
	Signature of a member or authorized representative of a member
	Matthew R. Clark, as manager of StoreRight Managment, LLC
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

Article III shall be deleted in its entirety and the following shall be inserted in its place:

"This Limited Liability Company is organized to:

- (i) own, operate, and manage that certain storage facility known as StoreRight Self Storage located at 2020 SW 57th Avenue, Ocala, Florida 34474; and
- (ii) engage in such other lawful activities which are appropriate, incidental, or necessary for this Limited Liability Company's ownership, operation, and management of such storage center facility."

SECRETARY OF STATE
BIVISION OF CORPORATION