division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

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Account Name : C T CORPORATION SYSTEM

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

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ωLLC AMND/RESTATE/CORRECT OR M/MG RESIGN **PSMT SERIES 1, LLC**

Certificate of Status	0
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Corporate Filing Menu

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12/24/2014

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嚝 **COVER LETTER** TO Registration Section Division of Corporations SUBJECT: PSMT Series 1, LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filling. Please return all correspondence concerning this matter to the following: Rebecca M. Turner, Esq. Name of Person Maddin, Hauser, Roth, & Heller, PC Firm/Company 28400 Northwestern Highway, Second Floor Address Southfield, Michigan 48034 City/State and Zip Code Rturner@maddinhauser.com E-mail address: (to be used for future simual report notification) For further information concerning this matter, please call: Rebecca M. Turner, Esq. ві <u>(248</u> 208-1718 Name of Person Aren Code Daytime Telephone Number Enclosed is a check for the following amount: □ \$60.00 Filing Fee, ☐ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certified Copy Certificate of Status Certificate of Status & Certified Copy

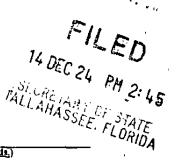
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

(udditional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ZIp Code

PSMT Series 1, LLC

(Name of the Limited Liability Company at it now appears on our records)

The Articles of Organization for this Limited Liability Company were filed on __lune 28, 2011 _____ and assigned Florida document number __L11000075310 _____.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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 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:

New Registered Office Address:

Enter Florida street address

Florida

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.

Cin

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
<u>MGRM</u>	Portable Storage Uniprop_LLC	280 Daines Street, Suite 300	Add
		Birmingham, MI 48009	☑ Remove
<u>MGR</u>	Roger Ziotoff	280 Daines Street, Suite 300	
		Birmingham, Mt 48009	Remove
MGR_	Michael Greene	3240 Flightline Dr.	
		Lakeland, FL 33811	Remove
MGR_	Michael Ducat	2010 Dundee Rd.	数 Add
		Winter Haven, FL 33884	□ Remove
			Add
			D Remove
			□ Remove

D. Ifam	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)					
	Management of the company is or will be vested in one or more managers.					
(The of	clive date, if other than the date of filing:(optional) Rective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after					
	ate this document is filed by the Florida Department of State)					
Date	December , 2014 .					
	Signature of a member of authorized representative of a perinter					
	Roger Zlotoff, as Authorized Representative					
	Typed of printed name of signed					

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Filing Fee: \$25.00