## 11100012-8854

(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(Cit	y/State/Zip/Phon	e #)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to	Filing Officer:				
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SECRETARY OF STATE

2012 FEB 16 顧底 50

T. CLINE FEB 1 7 2012 EXAMINER

## **COVER LETTER**

TO:	Registration S Division of Co					
SUBJI	ECT:	Nearby	/ Storage LLC			
	<del></del>	Name of Lim	ited Liability Company			
The en	closed Articles of	f Amendment and fee(s) are sul	omitted for filing.			
Please	return all corresp	condence concerning this matter	to the following:			
			Courtney O'Connor			
			Name of Person			
			Firm/Company			
		W	1101 13th st. West			
			Address			
		R	viera Beach Fl. 33404_			
			City/State and Zip Code		2012 FEB 16 SECRETARY	
		E-mail address: (	to be used for future annual report notification	on)		(I Extraction
For fur	ther information of	concerning this matter, please o	all:			Secretary and secretary
	Cour	rtney O'Connor	at ( 561 ) 847	7-3104		general.
	Name o	of Person	Area Code & Daytime Tel	ephone Number	OF STATE EE, FLORIDA	****
Enclose	ed is a check for t	he following amount:			<b></b> .	
<b>₹2</b> 5	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing For Certificate of Certified Copy (additional copy)	Status &	

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

<u></u>	learby Storage LLC				
(Name of the Limited Li (A F)	ability Company as it now apper orida Limited Liability Company)	irs on our records.)			
The Articles of Organization for this Limited Liab	ility Company were filed on	Nov. 14 2011	and assigned		
Florida document number L110001288					
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of the	e limited liability company he	<u>re</u> :			
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Comp	any," the designation "L	LCF or the abbreviation		
Enter new principal offices address, if applicable	e:				
(Principal office address MUST BE A STREET A	ADDRESS)		SAR 6		
Enter new mailing address, if applicable:			OF STATE		
(Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or	registered office address on	our records, enter tl	ne name of the new		
registered agent and/or the new registered office	e address here:				
Name of New Registered Agent:	Victoria Tra	inar			
New Registered Office Address:	1101 mills of the of the of				
_	RIVIERN Beach	, Florida	33404		
	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

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 Type of Action <u>Title</u> <u>Name</u> <u>Address</u> **MGRM** Victoria Trainor 1101 13th st. West ✓ Add Remove Riviera Beach El 33404 Robert J Trainor MGRM 1101 13th st. West ☐ Add Riviera Beach | Remove EL33404 ☐ Add Remove ∏Add Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) February Signature of a member or authorized representative of a member

Page 2 of 2

Typed or printed name of signee

Cicteria

Filing Fee: \$25.00