L11000131559

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EXAMINER

COVER LETTER

11-864

Division of C	orporations				
SUBJECT:	North Loop S	Storage Lending, L	.LC		
		nited Liability Company		_	
The enclosed Articles	of Amendment and fee(s) are su	ubmitted for filing.			
Please return all corres	pondence concerning this matter.	er to the following:			
	***	Philip C. Rosen, Esq		_	
		Name of Person			
Bloomgarden, Goudreau & Rosen, P.A.					
		Firm/Company		_	
	8551 Wes	st Sunrise Boulevard,	Suite 208	_	
		Address			
	Fo	rt Lauderdale, FL 333	322	Ee I	
		City/State and Zip Code			ہند به د ند
	F-mail address:	jzangle@lawbgr.com (to be used for future annual re	mort notification)	129	-11-11-11-1
For further information	concerning this matter, please		port notification,	R R	e de la companya de l
	p C. Rosen, Esq.	at (_954_)	370-2222	<u> </u>	
Name	oi rerson	Area Code a	& Daytime Telephone Num	ber I	
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is	Certifi enclosed) Certifi	Filing Fee, icate of Status & ied Copy ional copy is enclo	osed)

MAILING ADDRESS:

TO:

Registration Section

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

North Loop	Storage Lending	J, LLC			
North Loop (<u>Name of the Limited Liability</u> (A Florida I	Company as it now application of the Company as it now application approximately Company and the Company as it now application are consistent as a consistent are consistent as	pears on our records.)			
The Articles of Organization for this Limited Liability C Florida document number L11000131559	ompany were filed on	November 18, 201	1 and assi	gned	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limi	ted liability company	<u>here</u> :			
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Co	mpany," the designation "L	LC" or the al	obreviation	
Enter new principal offices address, if applicable:			,		
(Principal office address MUST BE A STREET ADDR	ESS)]]] [<u> </u>		
		7			
		ζ.	n N	n perin	
Enter new mailing address, if applicable:		<u>. </u>	m co	*19.*a	
(Mailing address MAY BE A POST OFFICE BOX)			三, 三	Laren I	
Muning dualess MIT DE AT OUT OF THEE BOAY		<u>.</u>			
					
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		n our records, <u>enter tl</u>	he name of	the nev	
Name of New Registered Agent:		****			
New Registered Office Address:					
		Enter Florida street address			
	, Florida				
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member Title <u>Name</u> <u>Address</u> Type of Action MGRM Robert Lansburgh 20340 NE 15th Court _ ☐ Add √ Remove Miami, Florida 33179 ☐ Add Remove Remove ∏Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

November 22 , 2011

Signature of a member of authorized representative of a member

Peter Zuckerman

Typed or printed name of signee

Dated

Typed or printed name of sign

Page 2 of 2

Filing Fee: \$25.00