## #1/1000/42518

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KSALY EXAMNER FEB 17 2012

## **COVER LETTER**

Division of Co					
SUBJECT:	Storage	e Stations LLC			
	<del></del>	ited Liability Company			
The enclosed Articles o	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	oondence concerning this matter	r to the following:			
		Robert P Butler			
		Name of Person			
Florida Commercial Holdings Inc					
Firm/Company					
	PO Box 1621				
	Address				
	Palm	Harbor, FL 34682-1621			
		City/State and Zip Code			
	E-mail address: (	butlerfccc@aol.com to be used for future annual report notifice	ation)		
For further information	concerning this matter, please of	•	,		
	obert P. Butler		81-4778		
Name	of Person	Area Code & Daytime	Telephone Number		
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)	Sectificate of Status & Certificate 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

12 FEB 16 PM 3: 16
SHERETARY OF STATE
MALLAHASSEE, FLORIDA

	Storage Stations LLC	MALLAHASSEE FLOOR
(Name of the Limited L (A	Liability Company as it now appear Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Lia Florida document numberL110001425	, , -	Dec. 20, 2011 and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of t	the limited liability company here	22
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compar	ny," the designation "LLC" or the abbreviation
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	
B. If amending the registered agent and/or registered agent and/or the new registered offi		ur records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Ent	er 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Robert P Butler	179 Shore Drive Palm Harbor, Ft. 34683	Add  ✓ Remove
<u>MGRM</u>	Robert P Butler	179 Shore Drive Palm Harbor, FL 34683	✓ Add ☐ Remove
			□ Pamova
			Pamoua
	<del></del>		Add Remove
<del></del>			Add Remove
D. If amend	ling any other information,	enter change(s) here: (Attach additional sheets, if ne	ecessary.)
Dated	February 10	. 2012 .	
Dated	Tooluary 10	Unt P. Butte	
	Signatur	Robert P. Butler  Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00