Division of Corporations Electronic Filing Cover Sheet

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(((H12000236393 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : KATZ BASKIES LLC

Account Number : I20080000071

Phone Fax Number : (561)910-5700 : (561)910-5701

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

Email Address:	_
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN STORAGE & MORE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

C. LEWIS

SEP 2 8 2012

**EXAMINER** 

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## **COVER LETTER**

TO: Registration Division of C						
SUBJECT;	Storage & M	ore, LLC				
	Name of Limited Liab		<del></del>			
The enclosed Articles	of Amendment and fee(s) are submitted f	or filing.				
Please return all corres	pondence concerning this matter to the fo	ollowing:				
	Thor	mas O. Katz				
	No.	une of Person				
	Katz	Baskies LLC				
	F	im/Company	<del></del>			
	2255 Glades	s Road, Suite 240W				
		Address				
	Boca Ra	iton, FL 33431	•			
		tate and Zip Code				
thomas.katz@katzbaskies.com  E-mail address: (to be used for future annual report notification)						
The first of the state of the s		i for future annual report nouries	uon)			
For further information	n concerning this matter, please call:					
	Thomas Katz		10-5700			
Name	e of Person	Area Code & Daytime 1	Celephone Number			
Enclosed is a check for the following amount:						
\$25.00 Piling Fee	Certificate of Status	5.00 Piling Fee & Certified Copy (additional copy is enclosed)	\$60.00 Piling Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahasseo, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Bxecutive Center Circle
Tallahassee, FL 32301

FAX No. 561-910-5701

P. 003

FILED

## SECRETARY OF STATE DIVISION OF CORPORAT H 2000236393 3 ARTICLES OF AMENDMENT TO 2012 SEP 27 ARTICLES OF ORGANIZATION OF

Sto	rage & More, LLC		
(A Florid	lity Company as it now appear is Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Florida document numberL12000116426			and assigned
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the li	imited liability company her	<u>ė</u> :	
The new name must be distinguishable and end with the v"L.L.C."	words "Limited Liability Compa	ny," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable:	<u> </u>		
(Principal office address MUST BE A STREET AD.	DRESS)		
Enter new malling address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or reg registered agent and/or the new registered office an		ur records, <u>enter (</u>	he name of the new
Name of New Registered Agent:		<del></del>	<u></u>
New Registered Office Address:			
	Eni	er Florida street ada	iress
<u> </u>	City	, Florida	Zip Code
	City		Louis

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

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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

Title	Name .	Address	Type of Action
MGR	Orial Investments LLC	20900 NE 30 Ave Suite 610 Aventura, Fi 33180	Add Remove
MGR	Orial Management Incorporated	20900 NE 30 Ave Suite 610 Aventura, FL 33180	Add Remove
			Add Remove
			Add Remove
			Add Remove 
<del></del>			Add Remove
D. If amend	ling any other information, enter change(s	i) here: (Altach additional sheets, if necessary.)	_
			SECRETARY SECRETARY DIVISION OF CO 2012 SEP 27
Dated	September 25 2012	authorized representative of a member	LED STATE RY OF STATE CORPORATIONS CORPORATIONS
	The	omas O. Katz printed name of signee	

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Filing Fee: \$25.00