

L13 0000 25932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

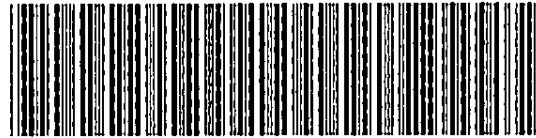
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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11/15/20

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Ace Super Storage, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Erik Martin

\_\_\_\_\_  
Name of Person

Ace Super Storage, LLC

\_\_\_\_\_  
Firm/Company

470 Atlantic Ave, Floor Four

\_\_\_\_\_  
Address

Boston, MA 02210

\_\_\_\_\_  
City/State and Zip Code

operations@supertowersinc.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

2022 OCT -7 PM 2:49

For further information concerning this matter, please call:

Chris Sullivan

617 913-0709

at ( )

\_\_\_\_\_  
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)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**If Changing Registered Agent, Signature of New Registered Agent**

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Colleen Hayes	1 Wellington St, Apt 1	<input checked="" type="checkbox"/> Add
		Boston, MA 02118	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Kelly Plaisted Sheehan	30 Alba Rd.	<input type="checkbox"/> Add
		Wellesley, MA 02481	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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PH 2:45

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

*[Handwritten signature]*

Timothy G. Sheehan

Typed or printed name of signee