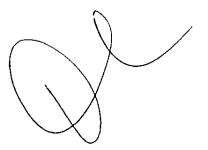
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| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAH                        |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only





## COVER LETTER

| Division of Cor                 |  |   |  |
|---------------------------------|--|---|--|
| Straycat St                     |  |   |  |
| SUBJECT:                        |  | ited Liability Company  |  |
|                                 |  |   |  |
| The enclosed Articles of        | Amendment and fee(s) are sub   | mitted for filing.  |  |
| Please return all correspo      | ndence concerning this matter  | to the following:   |  |
|                                 | Brian Dotterer   |   |  |
|                                 |  | Name of Person  |  |
|                                 |  | Firm-Company  | ******   |
|                                 | 1239 Ocean Shore Blvd U  | niı 6A  |  |
|                                 |  | Address   | · · · · · · · · · · · · · · · · · · ·  |
|                                 | Ormond Beach, FL 32176   |   |  |
|                                 |  | City/State and Zip Code   |  |
|                                 | medotterer@gmail.com E-mail address: (   | to be used for future annual report notifier                        | uion)  |
| For further information e       | oncerning this matter, please c  | all:  |  |
| Brian Dotterer                  |  | at () 604-3151<br>Area Code Daytime T                               |  |
| Name o                          | f Person   | Area Code Daytime T   | etephone Number  |
| Enclosed is a check for th      | ne following amount:   |   |  |
| ■ \$25.00 Filing Fee            | □ \$30.00 Filing Fee &<br>Certificate of Status  | □ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| Mailing Addres                  |  | Street Address:   |  |
| Registration S<br>Division of C |  | Registration Secti Division of Corpe                                |  |
| DODGO OF C                      | CAPTURE OF THE PROPERTY OF THE | arithment of Colfe  |  |

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

P.O. Box 6327

Tallahassee, FL 32314

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Strayeat Storage, LLC   |   |           |                  |
|---|---|-----------|------------------|
| (Name of the Limited Liability Compa-<br>(A Florida Limited L   | ny as it now appears on our records.)<br>Tability Company)          |           |                  |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L13000059027</u> | were filed on 04/23/2013 and assigned                               |           |                  |
| This amendment is submitted to amend the following:   |   |           |                  |
| A. If amending name, enter the new name of the limited liab   | ility company here:   |           |                  |
| The new name must be distinguishable and contain the words "Limited Liabil                                  | lity €ompany," the designation "LLC" or the abbreviation "L.L.C."   |           |                  |
| Enter new principal offices address, if applicable:   |   |           |                  |
| Principal office address MUST BE A STREET ADDRESS   |   |           |                  |
| Enter new mailing address, if applicable:<br>( <u>Mailing address MAY BE A POST OFFICE BOX)</u>             |   | 2024 00.7 | 1.2              |
| D. 16line she were transferred upon and/or route torus office (   | address on our records, enter the name of the new registered        |           |                  |
| B. If amending the registered agent and/or registered office address here:                                  | addit(55 on our records, sales and addition of sales are registered | 9         |                  |
| Name of New Registered Agent:   |   | #H-11     | گلشته .<br>۱۲۵۱، |
| New Registered Office Address:  | Enter Florida street address  | .:        |                  |
|   |   |           |                  |
| New Registered Agent's Signature, if changing Registered Agent:   | <u> </u>  |           |                  |
| I hereby accept the appointment as registered agent and agr   | ree to act in this capacity. I further agree to comply with the     |           |                  |

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to compty 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 605, 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 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> | Name   | Address   | Type of Action |
|--------------|--|---|----------------|
| AMBR         | Michele and Brian Dotterer<br>Revocable Living Trust | 1239 Ocean Shore Blvd Unit 6A<br>Ormond Beach, FL 32176 | ■Add           |
|              |  |   | ElRemove       |
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2024 OCT -9 Bill:

| 2                        | MICHELE AND BRIAN DOTTERER REVOCABLE LIVING TRUST, DATED MARCH 21, 2024   |
|--------------------------|---|
| -                        | AM THE CURRENT ACTING TRUSTEE, UPON MY DEATH, THE SUCCESSOR TRUSTEE WILL BE   |
| - !                      | MICHELE DOTTERER, THEN CARLY DOTTERER, THEN HAILEY DOTTERER   |
| -                        |   |
| -                        |   |
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| f an ett<br><u>Note:</u> | ive date, if other than the date of filing:  (optional) lective 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 605.020' If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as lent's effective date on the Department of State's records. |
| e recor<br>rd is fi      | d 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 led.   |
| Dated                    | SEPTEMBER 2024  |
|                          | MA DALL   |
|                          |   |

Filing Fee: \$25.00