

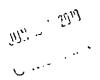
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## COVER LETTER

Division of Corporations PS WESTON COMMERCE 2013, LLC SUBJECT: 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: DREW ADAMS Name of Person PUBLIC STORAGE Firm/Company 701 WESTERN AVENUE SUITE 200 Address GLENDALE, CA 91201 City/State and Zip Code DADAMS@PUBLICSTORAGE.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DREW ADAMS Name of Person Daytime Telephone Number Enclosed is a check for the following amount: □ \$25.00 Filing Fee ☑ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60,00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy tadditional copy is enclosed) (additional copy is enclosed)

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



PS WESTON COMMERCE 2013, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed	on DECEMBER 2, 2013 and assigned
Florida document number <u>L13000166982</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	any here:
The new name must be distinguishable and contain the words "Limited Liability Company	y," 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:	
(Mailing address MAY BE A POST OFFICE BOX)	,
B. If amending the registered agent and/or registered office addr	ess on our records, enter the name of the nev
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	ster 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 provisions of all statutes relative to the proper and complete performations of the obligations of my position as registered agent as provided for being filed to merely reflect a change in the registered office address, a company has been notified in writing of this change.	nce of my duties, and I am familiar with and or in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being adde or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	PS FLORIDA ONE, INC	701 WESTERN AVENUE GLENDALE, CA 91201	
			☐ Remove
	DUMENO CENTADA CON		☐ Change
MGR	PUBLIC STORAGE		
		701 WESTERN AVENUE GLENDALE, CA 91201	■ Remove
			☐ Change
		-	Add
			□ Remove
			Change
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E. Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in the document's effective date on the control of the	is block does not meet the app	plicable statutory filing requ	(optional) n 90 days after filing.) Pursuant to irements, this date will not be	605.0207 listed as
		not an effective time,	at 12:01 a.m. on the ea	arlier o
(b) The 90th day after the	record is filed.			
If the record specifies a delation (b) The 90th day after the Dated Dated	record is filed.	ent Public Storace.	Treasurer & Assistant S ember Florida One, In	جد مولعي

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Filing Fee: \$25.00