

# L140000003410

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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FALL COUNTY CLERK

CRM  
4-20-15



THE ORT LAW FIRM

*Attorneys at Law*

1305 East Plant Street  
Winter Garden, FL 34787  
(407) 656-4500  
[www.ortlawfirm.com](http://www.ortlawfirm.com)

March 31, 2015

VIA FEDERAL EXPRESS

Florida Division of Corporations  
Registration Section, Clifton Bldg.  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: VASF I FL SPV 1, LLC, a Florida limited liability company

Dear Sir/Madam,

Enclosed with this letter is our check no. 1328 in the amount of \$25.00, representing payment for the filing fee for the enclosed Articles of Amendment for the above-referenced limited liability company.

If you have any questions, please do not hesitate to contact our office.

Very truly yours,



Sandi Williams

/sbw

Enclosures

FILED  
15 APR - 1 PM 12:15  
STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: VASF I FL SPV 1, 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:

**Philip A. Holtsberg, Esq.**

Name of Person

**The Ort Law Firm**

Firm/Company

**1305 East Plant Street**

Address

**Winter Garden, FL 34787**

City/State and Zip Code

**philip@ortlawfirm.com**

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

For further information concerning this matter, please call:

**Philip A. Holtsberg**

at ( **407** )

**656-4500**

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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED  
15 APR - 1 PM 12:15  
TALLAHASSEE, FL  
STATE  
CLERK OF COURTS

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

VASF I FL SPV 1, 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 January 7, 2014 and assigned  
Florida document number L14000003410.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," 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 address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida 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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	Value Add Storage Fund 1, LP A Delaware Limited Partnership	6885 Alton Parkway, Suite 100 Irvine, CA 92618	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Value Add Storage Partners, LLC a Delaware limited liability company	6885 Alton Parkway, Suite 100 Irvine, CA 92618	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

The limited liability company shall be manager managed.

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 30, 2015



Signature of a member or authorized representative of a member

Michael J. Rolfes, Member

Typed or printed name of signee