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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
	siness Entity Name	e)
(Do	ocument Number)	
Certified Copies		of Status
Special Instructions to	Filing Officer:	
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COVER LETTER .

TO: Registration Section Division of Corporations
SUBJECT: STORAGE AUTO, LC 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:
JEAH JEAN Name of Person
STORAGE Auto 11c
51 N.W 71 STREET Soute P
BIESING A AUTOWAHOO. COMY E-mail address: (to be us" Sort notification)
For further information concerning this matter, please call
JEAH JZAN Name of Person 239-324-3127
Enclosed is a check for the following
\$25.00 Filing Fee \$30. Filing Fee, Certin ate of Status &

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

JER ADDRESS:

ection Corporations uilding Executive Center Circle .iahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Storage	Huto, LLC	
(Name of the Limited I	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi	lility Company were filed on $04/02/2014$	and assigned
This amendment is submitted to amend the followi		
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and end with the work	ds "Limited Liability Company," the designation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicabl	le:	
(Principal office address MUST BE A STREET A	ADDRESS) \succeq	\$ 7
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	AHASSEE. FLOR	RECEDED OF STATES
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the e address here:	name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
-	, Florida	Zin 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

Page 1 of 3

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	BERGELINIJEAN	NIOVIS 51 NW 71 STACE	et a Add
		MIAMI, FC 3315	Remove
			Add
		<u> </u>	□ Remove
			ALLAH,
			NS EN Add
			Remove
			EC I PN SELO RETAEY OF BIAIF. AHASSEE. FLORIDA
			Add
			☐ Remove
		-	
			□ Remove
		***************************************	□ Remove

(The effective date	fother than the date of filing: (optional) nust be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after tent is filed by the Florida Department of State)
	1 0 0
	cember 9, 2014.
	Jember 9, 2014.

Page 3 of 3

Filing Fee: \$25.00

14 DEC 11 PH 4: 40
SECRETARY OF STATE
TAULAHASSEE FERSIALE