

L14000111092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300262007063

RECEIVED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

2014 JUL 17 PM 4:12

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

14 JUL 17 AM 11:00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

JUL 18 2014
J. HARRIS



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195
REFERENCE : 220215 82866A
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 25.00

ORDER DATE : July 17, 2014
ORDER TIME : 3:32 PM
ORDER NO. : 220215-005
CUSTOMER NO: 82866A

DOMESTIC AMENDMENT FILING

NAME: PRIME STORAGE MANAGEMENT II,
LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Gray -- EXT# 62925

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Prime Storage Management II, 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:

Justin P. Callaham

Name of Person

Clark, Campbell, Lancaster & Munson, P.A.

Firm/Company

500 South Florida Avenue, Suite 800

Address

Lakeland, Florida 33801

City/State and Zip Code

jcallaham@clarkcampbell-law.com

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

For further information concerning this matter, please call:

Justin P. Callaham

Name of Person

at **(863) 647-5337**

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Prime Storage Management II, 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 07/14/2014 and assigned Florida document number L14000111092.

This amendment is submitted to amend the following:

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

n/a

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: n/a

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: n/a

(Mailing address MAY BE A POST OFFICE BOX)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JUL 17 AM 11:01

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: n/a

New Registered Office Address: _____

Enter 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 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>
<u>Mgr</u>	<u>Benjamin D. Falk</u>	<u>500 South Florida Avenue</u>	<input type="checkbox"/> Add
		<u>Suite 700</u>	<input checked="" type="checkbox"/> Remove
		<u>Lakeland, Florida 33801</u>	
<u>Mgr</u>	<u>Lawrence W. Maxwell</u>	<u>500 South Florida Avenue</u>	<input checked="" type="checkbox"/> Add
		<u>Suite 700</u>	<input type="checkbox"/> Remove
		<u>Lakeland, Florida 338010</u>	
<u>Mbr</u>	<u>Lawrence W. Maxwell</u>	<u>500 South Florida Avenue</u>	<input type="checkbox"/> Add
		<u>Suite 700</u>	<input checked="" type="checkbox"/> Remove
		<u>Lakeland, Florida 33801</u>	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

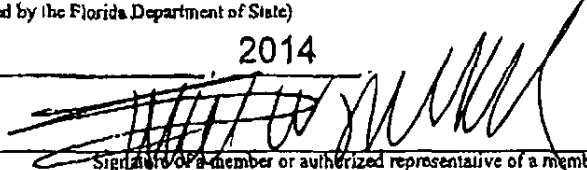
FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 14 JUL 17 3:11:01

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

n/a

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 July 17 2014



Signature of a member or authorized representative of a member

Lawrence W. Maxwell, as Mgr of the Prime Storage Management II, LLC

Typed or printed name of signee

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JUL 17 AM 11:01