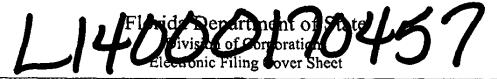
5/16/2017

Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : KATZ BASKIES LLC
Account Number : 120080000071
Phone : (561)910-5700
Fax Number : (561)910-5701

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address.	 	

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COVER LETTER

Division of Co				
Stor-All De	evelopment LLC			
SUBJECT:	Name of Lim	ited Liability Company		
	Amendment and fee(s) are sub	_		
	Thomas O. Katz			
		Name of Person		
	Kaiz Baskies & Wolf PLL	С		
		Firm/Company		vo
	3020 North Military Trail Suite 275			
		Address		
	Bocs Raton, FL 33431			
		City/State and Zip Code		
	thomas.katz@katzbaskjes.c	om to be used for future annual report notif	(cation)	
For further information of	concerning this matter, please c	•		
Thomas O. Katz		561 910-5700 at ()		
Name o	of Person	Area Code Daytime	Telephone Number	
Enclosed is a check for t	he 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)	
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***	THE ADDRESS	ownwer colunt	on annuece.	

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

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

H17000133538 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Stor-All Development LLC			
Name of the Limited Liability (A Florida	y Company as it new appears on our regards.) Limited Liability Company)		
The Articles of Organization for this Limited Liability Co Florida document number L14000170457	ompany were filed on October 31, 2014	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here:		
		7.37	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the	se abbreviation "L.LC."	
Enter new principal offices address, if applicable:		manuful question	
(Principal office address MUST BE A STREET ADDRI	ESS)		
		y warm	
		Ç.	
Enter new mailing address, if applicable:		S 20	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		ter the name of the new	
Name of New Registered Agent:	managan da m		
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 a provisions of all statutes relative to the proper and coaccept the obligations of my position as registered ago being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my duties, and I a ent as provided for in Chapter 605, F.S. (m familiar with and Or, If this document is	
	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>	<u>Name</u>	Address	Type of Action
MGR	Stor-All Management, Inc.	1375 W Hillsboro Blvd	D Add
		Decrifield Beach, FL 33442	■ Remove
			□ Change
MGR	Jeffrey Anderson	1375 W Hillsboro Blvd	= Add
		Decrfield Beach, FL 33442	☐ Remove
			☐ Change
MGR	Larry Anderson	1375 W Hillsboro Blvd	
		Deerfield Beach, FL 33442	□ Remove
		**************************************	Change
MGR	John Anderson	1375 W Hillsboro Blvd	■ Add
		Deerfield Beach, FL 33442	☐ Remove
			□ Change
			
			C3 C3 CRemove
		36 10	☐ Change
		V	Add
			□ Remove
			Change

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Note: If the date inserted in th	the date of filing:	iant to 605.0207 (3)(b) of be listed as the
he record specifies a dela The 90th day after the	ayed effective date, but not an effective time, at $12:01$ a.m. on the record is filled.	ne earlier of:
Dated May 16	2017	
	×0.00	
	JUL A. U.	
	Signature of a member or authorized representative of a member	me a differente aggres a = =

Page 3 of 3

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