

L15000002181

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

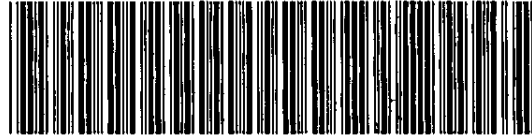
(Business Entity Name)

(Document Number)

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2016 JUN 15 P 3:00
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TALLAHASSEE, FLORIDA

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JUN 16 2016

ROBERT KIT KOREY, P.A.
KOREY, SWEET, MCKINNON & SIMPSON
Attorney and Counselors at Law

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Jeffrey C. Sweet
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Scott E. Simpson, P.A.
Abraham McKinnon
R. Kevin Korey
Adam K. Dunn

Suite A, Granada Oaks Professional Building
595 West Granada Boulevard
Ormond Beach, Florida 32174
Telephone (386)677-3431
Telefax (386)673-0748

June 14, 2016

Via Federal Express

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

RE: New Smyrna Beach Storage, LLC

Dear Sir or Madam:

Enclosed is the Articles of Amendment for New Smyrna Beach Storage, LLC.

I have enclosed a check in the amount of \$60.00 payable to the Department of State representing filing fee, certificate of status and certified copy, together with a return self-addressed envelope for your convenience.

Should you have any questions regarding these enclosures, please do not hesitate to contact me.

Very truly yours,



Alix Bowman,

Legal Assistant to Robert Kit Korey, Esquire

/ab
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NEW SMYRNA BEACH STORAGE, 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:

ROBERT KIT KOREY, ESQ.

Name of Person

ROBERT KIT KOREY P.A.

Firm/Company

595 W. GRANADA BLVD, STE A

Address

ORMOND BEACH, FL 32174

City/State and Zip Code

ALIX@KOREYLAWPA.COM

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

For further information concerning this matter, please call:

ROBERT KIT KOREY

386 677-3431
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input checked="" type="checkbox"/> \$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**

NEW SMYRNA BEACH STORAGE, 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 6, 201 and assigned
Florida document number L15000002181

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 contain 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)

12 WINDING CREEK WAY

ORMOND BEACH, FL 32174

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12 WINDING CREEK WAY

ORMOND BEACH, FL 32174

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:

ROBERT KIT KOREY, ESQ.

New Registered Office Address:

595 W. GRANADA BLVD., STE A

Enter Florida street address

ORMOND BEACH

, Florida 32174

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 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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------------------------|------------------------|--|
| AMBR | THIRD WORLD INVESTMENTS II, LLC | 12 WINDING CREEK WAY | <input checked="" type="checkbox"/> Add |
| | | ORMOND BEACH, FL 32174 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | THE TAMM CORPORATION, INC. | 12 WINDING CREEK WAY | <input checked="" type="checkbox"/> Add |
| | | ORMOND BEACH, FL 32174 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | JOHN S. VANACORE | 1293 US HWY 1, STE 3 | <input type="checkbox"/> Add |
| | | ORMOND BEACH, FL 32174 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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 TALLAHASSEE, FLORIDA

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

[illegible]

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated June 14, 2016

Signature of a member or authorized representative of a member

ROBERT KIT KOREY

Typed or printed name of signee

FILED
2018 JUN 15 P 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA