

L15000049706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

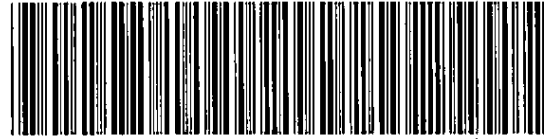
(Business Entity Name)

(Document Number)

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Office Use Only



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2021 MAR 29 AM 9:55

21 MAR 29 AM 2:38

O SIMMONS  
APR 02 2021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

21 APR -1 PM 3:14

March 30, 2021

CSC

**RESUBMIT**  
Please give original  
submission date as file date.

SUBJECT: OAK LANE PARTNERS D1, LLC  
Ref. Number: L15000049706

We have received your document for OAK LANE PARTNERS D1, LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L18000061748 INACT/UA T&T HOLDINGS LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker  
Regulatory Specialist III

Letter Number: 521A00006595

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 733795 7233209

AUTHORIZATION :

COST LIMIT : \$ 30.00

ORDER DATE : March 26, 2021

ORDER TIME : 9:08 AM

ORDER NO. : 733795-005

CUSTOMER NO: 7233209

DOMESTIC AMENDMENT FILING

NAME: OAK LANE PARTNERS D1, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
       PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** OAK LANE PARTNERS DI, 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:

NEENA E. BOHRA

Name of Person

TT STORAGE HOLDINGS, LLC

Firm/Company

1000 LAKE AVENUE

Address

LAKE WORTH, FL 33460

City/State and Zip Code

NEENAEBOHRA@GMAIL.COM

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

For further information concerning this matter, please call:

NEENA BOHRA

561

939-2680

at ( )

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

OAK LANE PARTNERS DI, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 03/19/15 and assigned  
Florida document number L15000049706.

This amendment is submitted to amend the following:

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

TT STORAGE HOLDINGS, LLC

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:**

1000 LAKE AVENUE

**(Principal office address MUST BE A STREET ADDRESS)**

LAKE WORTH, FL 33460

**Enter new mailing address, if applicable:**

1000 LAKE AVENUE

**(Mailing address MAY BE A POST OFFICE BOX)**

LAKE WORTH, FL 33460

**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

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 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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	NEENA BOHRA	1000 LAKE AVENUE	<input checked="" type="checkbox"/> Add
		LAKE WORTH, FL 33460	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BHAVIN SHAH	4730 NW 2ND AVENUE	<input type="checkbox"/> Add
		BOCA RATON, FL 33460	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BHAVIN SHAH	14 COMMERCE DRIVE, SUITE 200	<input type="checkbox"/> Add
		CRANFORD, NJ 07016	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SANDRA RHEE ROSS	14 COMMERCE DRIVE, SUITE 200	<input type="checkbox"/> Add
		CRANFORD, NJ 07016	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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E. Effective date, if other than the date of filing: March 31, 2021 (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 March 31 2021



Signature of a member or authorized representative of a member

NEENA BOHRA

Typed or printed name of signee

Filing Fee: \$25.00