## U50000 97579

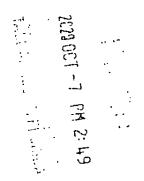
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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MPS/20

## **COVER LETTER**

	tion Section of Corporations	
	SS, LLC	
SUBJECT:	Name of Limited Liability Co	mpany
The enclosed Artic	cles of Amendment and fee(s) are submitted for filing	<b>3</b> .
Please return all co	orrespondence concerning this matter to the following	g:
	Erik Martin	
	Name of	Person
	Ace Super Storage, LLC	Person
	Firm/Cor	npany
	470 Atlantic Ave, Floor Four	PH 2:15
	Addre	· 5
	Boston, MA 02210	·
	City/State and	Zip Code
	operations@supertowersinc.com  E-mail address: (to be used for fut	ure annual report notification)
For further informa	ation concerning this matter, please call:	
Chris Sullivan	617 at (	913-0709
}		Code Daytime Telephone Number
Enclosed is a chec	k for the following amount:	
■ \$25.00 Filing	Certificate of Status Certifie	
Division P.O. Bo	ation Section n of Corporations	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

NMSS, LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our reco imited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Cor	mpany were filed on 06/04/2015	and assigned
lorida document number L15000097579	,	
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limite	ed liability company here:	
he new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	<u> </u>	
		<u> </u>
Inter new mailing address, if applicable:		- F2:
Mailing address MAY BE A POST OFFICE BOX)		
	<del></del>	
3. If amending the registered agent and/or registered of gent and/or the new registered office address here:	office address on our records, <u>ent</u>	er the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	lracs.
	City	FloridaZip 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 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>	Type of Action
MGR	Colleen Hayes	1 Wellington St, Apt 1	■ Add
		Boston, MA 02118	□ Remove
MGR	Kelly Plaisted Sheehan	30 Alba Rd.	☐ □Add
		Wellesley, MA 02481	
			—————————————————————————————————————
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			□Remove
			□Change
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	<del></del>		□Add
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			□Change
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ective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be:  If the date inserted in this block does not meet the cument's effective date on the Department of State's recommendation.	(optional) e prior to date of filing or more than 90 days after filing.) Pursuar applicable statutory filing requirements, this date will not cords.	nt to 605.02 t be listed
cord specifies a delayed effective date, but not an effective date, but not an effective date.	tive time, at 12:01 a.m. on the earlier of: (b) The 90th d	day after th
ed <u>September 30</u> . <u>2020</u>	· · · · · · · · · · · · · · · · · · ·	
M	r authorized representative of a member	