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## **COVER LETTER**

BJECT: U.S. 27 STOYAGE, LLC  Name of Limited Liability Company
Name of Limited Liability Company
e enclosed Articles of Amendment and fee(s) are submitted for filing.  ease return all correspondence concerning this matter to the following:
M. STOVER Name of Person
U.S. 27 Sturage, LLC Firm/Company
PO BOX 560437  Address
MUNTVERDE FLA 34756  City/State and Zip Code
E-mail address: (to be used for future annual report notification) r further information concerning this matter, please call:
M. STUVER at (407) 469-4694  Name of Person Area Code Daytime Telephone Number
sclosed is a check for the following amount:  \$25.00 Filing Fee \$\sum \sqrt{\$\$30.00 Filing Fee & Gertificate of Status}\$  Certificate of Status \$\sum \text{Certified Copy (additional copy is enclosed)}\$  Certificate of Status \$\sum \text{Certified Copy (additional copy is enclosed)}\$
MAILING ADDRESS: STREET/COURIER ADDRESS:  Parietestics Section Registration Section

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

Registration Section Division of Corporations

TO:

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

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

U.S. 27 S	Torage,	lic		9
(Name of the Limited (A	Liability Compan Florida Limited Li	y as it now appe ability Company	ars on our records.) )	7
The Articles of Organization for this Limited Liab		were filed on _	7/1/15	and assigned
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of the	he limited liabil	ity company	<u>here</u> ;	
The new name must be distinguishable and contain the word	ds "Limited Liabili	ty Company," the	designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:			<del></del>
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	<u>0.V)</u>			
B. If amending the registered agent and/or registered agent and/or the new registered office			on our records, <u>ent</u>	er the name of t
Name of New Registered Agent:				<del>.</del>
New Registered Office Address:		Enter F	lorida street address	
		/		
		City	, Florida	Zip Code
New Registered Agent's Signature, if changing Reg	gistered Agent:			

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply v provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Acti
MGR	Mark Stover	Address FOBCX 560437 MONTVERDE, FUT 34756	j Xadd
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Signature of a member or authorized representative of a member  WELLY STOVED  MARK STOVEN			<u> Kie</u>	(AM.	0-5	444	,		
KEILY STOVED MARK STOVER				Signatyfic of a	imember or auth	iorized representa	ative of a mer	nber	
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D. It amending any other information, enter change(s) here: (Attach diaditional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00