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FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporations STOREHOUSE HOLDINGS, LLC **SUBJECT:** (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Ronald W. Gregory, II (Contact Person) Gregory Law Firm, PL (Firm/Company) 3801 Park Street North, Suite #4 (Address) St. Petersburg, FL 33709 (City/State and Zip Code) For further information concerning this matter, please call: Ron Gregory (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations Division of Corporations

Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

CR2E079 (2/14)

P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STOREHOUSE HOLDINGS LLC		
(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabili	ty Company were filed on March 19, 2018	and assigned
Florida document number L16000018178	 ·	
This amendment is submitted to amend the following	g:	
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	:	TAS
(Principal office address MUST BE A STREET AL	DDRESS)	LAH.
Enter new mailing address, if applicable:		A E
(Mailing address MAY BE A POST OFFICE BO	Q	9 10 A
B. If amending the registered agent and/or registered agent and/or the new registered office		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
_	, Floric	
	City	Zip Code
New Registered Agent's Signature, if changing Regis	tered 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>	Address	Type of Action
AMBR	DONALD FORTIN	4900 Brittany Drive, Suite 1207	□ Add
		St. Petersburg, FL 33715	■ Remove
-			Change
AMBR	COLT PROPERTIES, LLC	610 W. De Leon Street	= Add
		Tampa, FL 33606	Remove
			☐ Change
			Add
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ective date, if other than the	date of filing:	March 19, 20		ore than 90 days after	ional) r filing \ Pursuant to	605 02
te: If the date inserted in this blowment's effective date on the D	ock does not me	et the applicab	le statutory filin	g requirements, th	is date will not be	listed
record specifies a delayed The 90th day after the rec		ete, but not	an effective t	ime, at 12:01	a.m. on the ea	rlier
March 19th		2018				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00