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COVER LETTER

	istration Secti ision of Corpo			
SUBJECT:	R	Name of Limi	Trunsport of led Liability Company	L Storage LLC
The enclosed	Articles of Ar	nendment and fee(s) are subr	nitted for filing.	
Please return	all correspond	ence concerning this matter t	to the following:	
			Name of Person	
		Bri Towin	Firm/Company	
		918 WM	ain Street	
		Tavares	FL 32778 City/State and Zip Code	
		Bri Towin E-mail address: (to	o by used for future annual report noti	fication)
For further in	formation con	cerning this matter, please ca	11:	
_5h	Name of P	2 Francis erson	at (HO7) (HO	e Telephone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 F		S30.00 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/COURIER ADDRESS:

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

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

The Articles of Organization for this Limited Liability Company were filed on	and assigned
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compan	y herę:
The new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	500
(Principal office address MUST BE A STREET ADDRESS)	10 m
	
	j: 02
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	
	on our records, enter the name of the
3. If amending the registered agent and/or registered office address egistered agent and/or the new registered office address here:	on our records, enter the name of the i
	s on our records, enter the name of the
egistered agent and/or the new registered office address here: Name of New Registered Agent:	s on our records, enter the name of the I
Name of New Registered Agent: New Registered Office Address:	on our records, enter the name of the r
Name of New Registered Agent: New Registered Office Address:	

ereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ng filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability npany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

11 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
<u>reasurer</u>	<u>Linda Vazquez</u>	13900 CR 455	🗆 Add
	V	107-151	🗷 Remove
		Clermont, FL 3471	☐ Change
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			□ Change
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effective date	, if other than t e is listed, the date r te inserted in this ective date on the	nust be specific a block does no	and cannot be protect the app	licable statu			filing.) Pursuant	
	ecifies a delay lay after the r			not an effe	ective time,	at 12:01 a	.m. on the	earlier
od No	vember	13	_, 2018	3				
1	2/	Signature of	0 (a member or a	uthorized repre	esentative of a m	M ()		

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Filing Fee: \$25.00