L16000146693

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(Address)				
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COVER LETTER

	Registration Sec Division of Corp					
		e Self Storage LLC				
SUBJEC	CT:	Name of Limit	ted Liability Company			
The encl	osed Articles of .	Amendment and fee(s) are subm	nitted for filing.			
Please re	eturn all correspo	ndence concerning this matter t	to the following:			
		Noreen Betzler				
			Name of Person	<u> </u>		
Cutler Bay Self Storage						
			Firm/Company			
2030 E Sample Road						
			Address			
		Lighthouse Point, FL 33064	ı			
		nbetzler@thesegallgroupus.	City/State and Zip Code com			
		E-mail address: ()	to be used for future annual report notific	cation)		
For furt	her information c	oncerning this matter, please ca	ail:			
Noreer	n Betzler		954 249-9793 at ()			
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclose	d is a check for t	he 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:

TO:

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

Cutler Ridge Self Storage LLC		_
(Name of the Limited Liability Compan (A Florida Limited Lia	y as it now appears on our ability Company)	records.)
The Articles of Organization for this Limited Liability Company v Florida document number L16000146693	vere filed on <u>08/05/16</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
Cutler Bay Self Storage LLC		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		-
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered off 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 provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my du provided for in Chapte	ties, and I am Jamuiar wiin and r 605, F.S. Or, if this document is

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
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			Remove
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			Remove
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			☐ Remove
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Filing Fee: \$25.00