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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Stona total Library Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Leslie amadevilla, Gog Name of Person
CHO Law Group, LLC
12-SC Th St Ste 711
E-mail address: (to be used for future army) report notification)
For further information concerning this matter, please call:
Ledie CmadevIIG at () ast -533-5190 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certified Copy (additional copy is enclosed)}} \$\Bigcup \text{\$60.00 Filing Fee, 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

Storators, U.a.	
(Name of the Limited Liability Company a (A Florida Limited Liabi	s it now appears on our records.) lity Company)
The Articles of Organization for this Limited Liability Company wer Florida document number 4000 8990.	re filed on 10 13 φ and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liability</u>	company here:
The new name must be distinguishable and contain the words "Limited Liability C	Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
·	F1 22 :
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
-	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter the name of the nev
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 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:				<u>added</u>
MGR = Mar AMBR = Aut	nager horized Member	,		
<u>Title</u>	Name Douglas	Address Many Druc 12597th Street Ft. Lauderdale, Fl 3330	Type of Acti Suile 711	ion
<u>46</u>	Bustillo Chiessa	Ft. Lauderdale, Fl 3330	Add	
			Remove	
			Z-Change	
			Add	
			Remove	
			Change	
			Add	
			Remove	
			Charige	3 1
			Add	Secretary of the second
			Remove	No. of the last of
		***************************************	Change	
			Add	
			Remove	
		· · · · · · · · · · · · · · · · · · ·	Change	
			Add	
			Remove	

☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
This amendment is being filed
to correct a scrivenors error in the
name of the title manager. The name
reflected online states Alonso Chiessa
and should be Douglas Alonso Bustillo Chiessa.
Please amend to accurately neplect the name.
76 7 4. Th
\frac{\alpha_1}{12}
. <u>u 21</u>
E. Effective date, if other than the date of filing:
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of (b) The 90th day after the record is filed.
1010
Dated , Will.
* And Comments of the second o
Signature of a member or authorized representative of a member
Douglas Alonso Bustillo Chiessa Typed or printed name of signee

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Filing Fee: \$25.00