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COVER LETTER

TO: R	tegistration (Division of C	Section orporations	• •		
SUBJECT	Affordab	le Secure Storage - Labelle, LLC			
SOBJEC	·	Name of Limi	ited Liability Company	- · ·	
The enclos	sed Articles o	of Amendment and fee(s) are sub-	mitted for filing.		
Please retu	ırn all corres	pondence concerning this matter	to the following:		
		Erik Martin			
			Name of Person		
	Affordable Secure Storage - Management, LLC				
		***************************************	Firm/Company		
		470 Atlantic Ave, Floor Fo	our		
			Address		
		Boston, MA 02210			
			City/State and Zip Code		
		operations@supertowersinc	.com		
		E-mail address: (t	to be used for future annual report notif	fication)	
For further	rinformation	concerning this matter, please ca	all:		
Erik Mart	in		978 273-7293		
	Name	of Person	at () Area Code Daytime	e Telephone Number	
Enclosed i	s a check for	the 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:

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

Affordable Secure Storage - Labelle, LLC, A Florida Limited Liability Company

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 11/28/2016 and assigned Florida document number L16000215708 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Affordable Secure Storage - Labelle, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) [1] Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new 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

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

GR = M MBR = A	lanager .uthorized Member		
<u>itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
		 	
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rective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of filingte: If the date inserted in this block does not meet the applicable statutor cument's effective date on the Department of State's records.	(optional) ng or more than 90 days after filing.) Pursuant to 6 ry filing requirements, this date will not be li	05.03 sted
record specifies a delayed effective date, but not an effec The 90th day after the record is filed.	tive time, at 12:01 a.m. on the ear	lier
red May 23 . 2019.		
Signature of a member or authorized represe		

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Filing Fee: \$25.00