## 116000220133

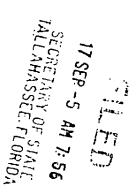
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## **COVER LETTER**

	tegistration Sec Division of Corp						
OT UNITED	SHSB 535.						
Name of Limited Liability Company							
The enclo	sed Articles of z	Amendment and fee(s) are sub-	mitted for filing.				
Please reti	ırn all correspoi	ndence concerning this matter t	to the following:				
		LAURA CHANDLER					
			Name of Person				
		SHSB 535, LLC					
		<del></del>	Firm/Company				
		16701 COLLINS AVENU	Е				
			Address				
		SUNNY ISLES BEACH, I	FL 33160				
			City/State and Zip Code	<del> </del>			
		LCHANDLER@HBCAPIT		. <del></del>			
			o be used for future annual report notif	ication)			
For furthe	r information co	oncerning this matter, please ca	all:				
LAURA	CHANDLER		305 602-3067				
	Name of	Person	Area Code Daytime	Telephone Number			
Enclosed	is a check for th	e following amount:					
\$25.0	9 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

SHSB 535, LLC (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  $\frac{12/05/2016}{1}$ and assigned Florida document number L16000220133 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 16701 COLLINS AVENUE Enter new principal offices address, if applicable: SUNNY ISLES BEACH, FL 33160 (Principal office address MUST BE A STREET ADDRESS) 16701 COLLINS AVENUE Enter new mailing address, if applicable: SUNNY ISLES BEACH, FL 33160 (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

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.

New Registered Agent's Signature, if changing Registered Agent:

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
MGR	Vineland Storage, LLC	16701 Collins Avenue	Add
		Sunny Isles Beach, FL 33160	□ Remove
			Change
MGR	Bradley, Stephen W	PO Box 2291	Add
		Winter Park, FL 32790	■ Remove
			☐ Change
MGR	Hurowitz, Steven	16701 Collins Avenue	
		Sunny Isles Beach, FL 33160	Remove
			Change
			Add
			Remove
			Change
<del></del>			
			□ Remove
			Change
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E. Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	nust be specific and cannot be prior to date of fili block does not meet the applicable statuto	(optional) ing or more than 90 days after filing.) Pursuant to 605, ry filing requirements, this date will not be liste	.0207 (3)( ed as the
If the record specifies a delay (b) The 90th day after the re		ctive time, at 12:01 a.m. on the earlie	er of:
Dated August 31st	2017		
54			

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Typed or printed name of signee

Filing Fee: \$25.00