L16000224617

(Requestor's Name)
(Address)
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:
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COVER LETTER

Registration Section Division of Corporations

:O**T**•

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SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Colleen Hayes		
		Name of Person	
Name of Person Affordable Secure Storage - Ocala, LLC Firm/Company 470 Atlantic Ave, Floor Four Address Boston, MA, 02210 City/State and Zip Code operations@supertowersine.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Chris Sullivan Name of Person Area Code Daytime Telephor Enclosed is a check for the following amount: Street Address: Mailing Address: Street Address:			
		Firm/Company	
	470 Atlantic Ave, Floor Fo	our	
		Address	
	Boston, MA, 02210		
		City/State and Zip Code	
	operations@supertowersine	.com	
	E-mail address: (to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
Chris Sullivan			
Name o	of Person		ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Registration Se Division of Co The Centre of	rporations Fallahassee be Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our reco	ords.)
(A Florida Limite	d Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on 12/12/16	and assigned
Florida document number L16000224617		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LI	i.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		20
		20 K
Enter new mailing address, if applicable:		50
(Mailing address MAY BE A POST OFFICE BOX)		5
Muning universe Mill BE 111 OST OFFICE BOX		0
B. If amending the registered agent and/or registered office	e address on our records, ento	er the name of the new regi
agent and/or the new registered office address here:	, <u> </u>	
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Enter Florida street address , Florida City Zip Code	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>ıt:</u>	
I hereby accept the appointment as registered agent and ag	gree to act in this capacity. I	further agree to comply wi
provisions of all statutes relative to the proper and comple		

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Kelly Sheehan Plaisted	30 Alba Rd.	□Add
		Wellesley, MA 02481	□Remove
			≅ Change
MGR	Colleen Hayes	l Wellington St., Apt 1	
		Boston, MA 02118	□Remove
			□Change
			20 <u>d</u> Add
			Remove
			Change
			DAdd
			□Remove
			□Change
			□Add
		<u> </u>	□Remove
			□Change
***			□Add
			□Remove

Effective date, if other than the date of filing: (optional) (a) (a) (a) (b) (a) (b) (b) (a) (b) (c) (c) (c) (d) (d) (d) (d) (d		 	_
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Signature of a number or authorized representative of a member			
	rated November 2nd 2020		

Filing Fee: \$25.00