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SECRETARY OF STATE DIVISION OF CORPORATIONS 17 OCT -5 AN 10: 29

M. MILLIGAN OCT = 6 2017

i.

COVER LETTER

то:	Registration Sec Division of Corp			
CHIDA		AND STORAGE, LLC		
SUBJE	ECT:	Name of Limit	ted Liability Company	···-
The en	closed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please	return all correspoi	ndence concerning this matter t	to the following:	
		LEON OJALVO		
			Name of Person	
		LB VINELAND STORAG	E, LLC	
	•		Firm/Company	
		48 EAST FLAGLER STRE	EET PH-104	
-		 	Address	
		MIAMI, FL 33131		
			City/State and Zip Code	
		LEON@LIBERTYBASE.C		
		E-mail address: (to	o be used for future annual report notific	eation)
For fur	ther information co	oncerning this matter, please ca	ili:	
LEON	OJALVO		at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	e following amount:		
■ \$2	5.00 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

No. S. Mondality

LB VINELAND STORAGE, 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 Co	mpany were filed on 05/19	9/2017	and assigned
Florida document number L17000111985			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company here	<u>?</u> :	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the des	ignation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	ESS)		
Endougness and the address (Complicable)			
Enter new mailing address, if applicable: (Mailing address MAY RE A ROST OFFICE ROY)			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address Name of New Registered Agent:			-
New Registered Office Address:			
New Registered Office Address.	Enter Florid	a street address	
		, Florida	
	•		Zip Code
New Registered Agent's Signature, if changing Registered			
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered agbeing filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of n ent as provided for in Ch	ny duties, and I am for papter 605, F.S. Or,	amiliar with and if this document is
	If Changing Registered Age	nt, <u>Signature of New Re</u> j	zistered 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>	<u>Address</u>	Type of Action
MGR	Liberty Base Corp.	48 East Flagler Street PH-104	
		Miami, FL 33131	□ Remove
			Change
MGR Ojalvo, Leon	Ojalvo, Leon	48 East Flagler Street PH104	□ Add
		Miami, FL 33131	■ Remove
٠			□ Change
•	 	···	□ Add
			☐ Remove
			Change
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			□ Change

5 ,	on, enter change(s) here: (Attach additional sheets, if necessary	
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		<u> </u>
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Note: If the date inserted in this bloc document's effective date on the Dep	effective date, but not an effective time, at 12:01 a.m	ate will not be listed
October 2	2017	
lated October 2	110	
17 8	ignature of a member or authorized representative of a member	
Leon Ojalvo		17 O
	Typed or printed name of signee	<u> </u>
		.
	Page 3 of 3	📮 📮 🤾

Filing Fee: \$25.00