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SECRETARY OF STALL

K. SALY SEP 25 2017

COVER LETTER

Division of	Corporations		
CAPE (CORAL XPRESS STORAGE, L	LC	
SUBJECT:	Name of Li	mited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corre	spondence concerning this matte	r to the following:	
	Charles J. Pratt, Jr.		
		Name of Person	
	Harrison & Kirkland, PA		
		Firm/Company	<u> </u>
	1206 Manatee Ave W		
		Address	
	BRadenton, FL 34205		
		City/State and Zip Code	
	cjp@manalaw.com	(to be used for future annual report not	(fication)
For further information	n concerning this matter, please of	·	matony
Charles J. Pratt, Jr.		941 746-1167	
Nam	e of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check fo	r 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)
	LING ADDRESS:	STREET/COURI	

Registration Section
Division of Corporations
P.O. Box 6327.

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



CAPE CORAL XPRESS 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	Сотрапу w	ere filed on $\frac{0}{1}$	7/19/2017	and assigned
Florida document number L17000155031				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	mited liabilit	y company h	ere:	
XPRESS STORAGE CAPE CORAL, LLC				
The new name must be distinguishable and contain the words "Lin	imited Liability	Company," the	lesignation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	-			
(Principal office address MUST BE A STREET ADD	ORESS)		 _	
	-			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
	_			
B. If amending the registered agent and/or registered agent and/or the new registered office add Name of New Registered Agent:	istered office dress here:	c address on	our records	, enter the name of the new
New Registered Office Address:				
Now Registered Office Address.		Enter Flor	ida street address	
	Florida			rida
		City		rida Zip Code
New Registered Agent's Signature, if changing Registere	ed Agent:			
I hereby accept the appointment as registered agent or provisions of all statutes relative to the proper and confections of all statutes relative to the proper and confect the obligations of my position as registered as being filed to merely reflect a change in the registere company has been notified in writing of this change.	complete per gent as prov ed office add	formance of inded for in C	my duties, and hapter 605, F	d I am familiar with and E.S. Or, if this document is
	If Changing	Registered Age	ent, <u>Signature of</u>	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 Title Name Address Type of Action _ 🗆 Add _□ Remove ☐ Change □ Add Removes _□ Remeye □ Change _□ Add _□ Remove _□ Change _ Add ☐ Remove _□ Change □ Add

☐ Remove

_□ Change

	201/SEP 20
	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2017 SEP 22 P FALLAHASSEE, F
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effect e: If	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
d	9/18/17 Show & W.L. Show & W.L.
	Show A W. Signature of a member or authorized representative of a member
	/ \ \ = = -

Page 3 of 3

Filing Fee: \$25.00