Electronic Filing Cover Sheet Note: Please print this page and use it as a cover sheet. Type the fax audit number

(((H20000140624 3)))



(shown below) on the top and bottom of all pages of the document.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY Account Number : I2000000195

: (850)521-0821 : (850)558-1515 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ASHTON GOLF-STORAGE, LLC

0
0
04
\$25.00

Electronic Filing Menu

Corporate Filing Menu Y SULKEHelp

MAY 21 2020



## **COVER LETTER**

TO: Registration of Division of	on Section Corporations		
	ON GOLF-STÖRAGE, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Article	es of Amendment and fee(s) are sub	omitted for filing.	
	respondence concerning this matter		
	Rhonda J. Riggleman		
		Name of Person	
	Jim Lee CPA		
		FirmeCompany	
	500 South Florida Ave. St	iite 530	
		Address	
	Lakeland, Florida 33801		
	Rhonda@ leeandcompany.c	City State and Zip vode form to be used for future annual report noti-	
For further informat	ion concerning this matter, please c	all.	
Rhonda J. Rigglein	an	863 686-7330	
	ame of Person	at ()	e Telephone Number
Enclosed is a check	for the following amount:		
■ \$25.00 Filing F	ee	□ \$55.00 faling Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
_	ddress: ion Section of Corporations	<u>Street Address:</u> Registration Sco Division of Cor	
P.O. Box		The Centre of I	allahassee

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASHTON GOLF-STORAGE, LLC		
(Name of the Limited Liability Compa (A Florida United	i <mark>ny as it now appears on our rec</mark> or Liability Company)	rds.1
The Articles of Organization for this Limited Liability Company	were filed on November 7, 20	and assigned
Florida document number L17000230214		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Ashton Storage, LLC		
The new name must be distinguishable and contain the words "Limited Liabs	dity Company," the designation "Lf	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	,	
Enter new mailing address, if applicable:		
	,	<del></del>
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	202 102
B. If amending the registered agent and/or registered office	address on our records, ente	
agent and/or the new registered office address here:		12 20 1
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
New Negligiero State (Maries).	Emer Florida sircei a.idr	5.21
	į:	- Florida
	City	FloridaZp Code
New Registered Agent's Signature, if changing Registered Agent:	<u>!</u>	
		~

Thereby 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

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
			DAdd
			□Remove
			Change
<del></del>			□ Add
			□Remove
			DChange
			□Add
			□Remove
			□Change
			□Remove
			\(\text{\tint{\text{\tint{\text{\tint{\text{\tinit}}\\ \text{\texi}\text{\text{\text{\texi}\text{\text{\texi}}\text{\text{\text{\tin}\text{\text{\text{\text{\texi}\text{\text{\text{\text{\text{\texi}\text{\text{\texi}\text{\text{\text{\text{\text{\tex{
			□Add
			ERemove
			☐ Change
			□Add
			□Remove
			•==

mending any other information, enter change(s) here: (Attach additional sheets, i)

			<u> </u>	· ·	
		<del> </del>			· · · · · ·
			<del></del>		
	···-				
V					
•		<u> </u>			
			·		

E. Effective date, if other than the date of filing:

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12.01 a m. on the earlier of, (b). The 90th day after the record is filled

Typed or printed name of signer