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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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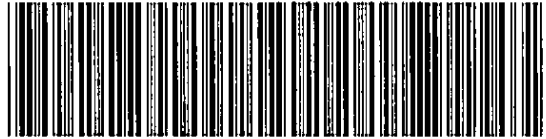
(Business Entity Name)

(Document Number)

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OCT 28 2020

S. YOUNG

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2020 SEP 21 AM 6:40

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Affordable Secure Storage - West Hernando, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Chris Sullivan

Name of Person

Affordable Secure Storage - West Hernando, LLC

Firm/Company

470 Atlantic Ave, 4th Floor

Address

Boston, MA 02210

City/State and Zip Code

operations@supertowersinc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chris Sullivan

617 913-0709
at ()
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for 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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Affordable Secure Storage - West Hernando. 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 1/4/2018

Florida document number L18000003758

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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:

(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

_____, Florida _____

City

Zip Code

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

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.

If Changing Registered Agent, Signature of New Registered Agent

FILED
2018 SEP 21 AM 6:40
CLERK OF COUNTY OF HERNANDO
FLORIDA

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>	<u>Type of Action</u>
MGR	Christopher Sullivan	20 Standish Rd.	<input type="checkbox"/> Add
		Milton, MA 02186	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Colleen Hayes	1 Wellington St. Apt 1	<input checked="" type="checkbox"/> Add
		Boston, MA, 02118	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Kelly Sheehan Plaisted	30 Alba Rd.	<input type="checkbox"/> Add
		Wellesley, MA 02481	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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(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 requirements of 605.0207 (3)(b), the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

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 filed.

Dated September 10th, 2020

Signature of a member or authorized representative of a member

TIMOTHY G. SHEEHAN
Typed or printed name of signee