

L18000093582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

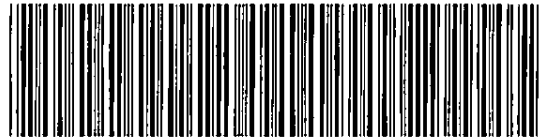
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900440396689

12/03/24--01020--021 **25.00



OFFICE OF STATE
ADMINISTRATOR, FL

RECEIVED - 3 PM 4:09

RECEIVED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOWLAND BLVD DELTONA SELF STORAGE, 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:

Stanley T. Pietkiewicz

Name of Person

Firm/Company

2281 Lee Rd, Suite 204

Address

Winter Park, FL 32789

City/State and Zip Code

necodowney@cfl.rr.com

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

For further information concerning this matter, please call:

Neco Downey

407
at ()

645-1965

Name of Person

Area Code

Daytime Telephone Number

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

RECEIVED
DEC-3 PM 4:09
STATE
SECRET

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

HOWLAND BLVD DELTONA SELF 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 Company were filed on 4-13-2018 and assigned
Florida document number L18000093582.

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

| Title | Name | Address | Type of Action |
|-------|---|---|---|
| AMBR | NuView IRA FBO Patricia L. Loy | 280 S Ronald Reagan Blvd Ste 200 Longwood FL 32750 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change |
| AMBR | Madison Trust Company Custodian FBO Patricia L. Loy | 401 E. 8th St. Ste 200P, Sioux Falls, SD 57103 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change |

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

19

E. Effective date, if other than the date of filing: _____ (optional)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the

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 November 19, 2024

19. _____ 2024

[Signature]

Signature of a member or authorized representative of a member

Stanley T. Pietkiewicz

Typed or printed name of signee

Filing Fee: \$25.00