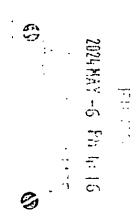
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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	—
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	$\neg$





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## **COVER LETTER**

Tallahassee, FL 32314

TO; Registration So Division of Cor			
SUBJECT: THE SELF	STORAGE GROUP LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	-	
	Thomas S. Gibson		
		Name of Person	
	Rish & Gibson, P.A.		
		Firm/Company	<del></del>
	116 Sailors Cove Drive		
		Address	
	Port St. Joe, FL 32456		
		City/State and Zip Code	
	alicia.uhrich@philips.com	to be used for future annual report noti	fication)
For further information c	concerning this matter, please ca	·	
Thomas S. Gibson	_	at (850 ) 229-8211	
Name o	of Person	Area Code Daytim	c Telephone Number
Enclosed is a check for t	he 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 Addre		Street Address:	etion
Registration Division of C		Registration Se Division of Cor	
P.O. Box 632		The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as (A Florida Limited Liabili	it now appears on our records.) ity Company)
The Articles of Organization for this Limited Liability Company were Florida document number 118000111128	e filed on 05/02/2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	company here:
Lake Martin Marine Services. LLC	
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," 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:	2024 G5
(Mailing address MAY BE A POST OFFICE BOX)	***
	6
B. If amending the registered agent and/or registered office addr agent and/or the new registered office address here:	
	<b>3</b>
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:

THE SELF STORAGE GROUP LLC

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 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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Change

Effective date, if other than the date of filing:  ((aptional))  ((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 60 More. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be its document's effective date on the Department of State's records.  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 aftord is filed.  Dated May 1  2024	
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Signature of a member or authorized representative of a member	
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