118000123333

| (Req | uestor's Name) | |
|---------------------------|------------------|-------------|
| (Addi | ress) | |
| (Add | ress) | |
| (City) | /State/Zip/Phoni | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busi | iness Entity Nar | me) |
| (Doc | ument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to F | iling Officer: | |
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Office Use Only



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COVER LETTER

| | istration Sec ision of Corp | | | |
|----------------|--------------------------------|--|---|--|
| SUBJECT: | | rage of New Port Richey LLC | | |
| 301012017 | | Name of Limit | ted Liability Company | |
| | | Amendment and fee(s) are submidence concerning this matter t | | |
| | | Richmond C. Flowers, Esq. | | |
| | | | Name of Person | |
| | | Adams and Reese LLP | | |
| | | | Firm/Company | |
| | | 150 2nd Avenue North, Ste | . 1700 | |
| | | | Address | |
| | | St. Petersburg, FL 33701 | | |
| | | | City/State and Zip Code | |
| | | rick.tlowers@arlaw.com | o be used for future annual rep | port notification) |
| For further in | nformation co | neerning this matter, please ca | | , |
| Richmond C | C. Flowers | | 727 502-i | |
| | Name of | Person | at () Area Code | Daytime Telephone Number |
| Enclosed is | a check for the | e following amount: | | |
| ■ \$25.00 E | filing Fee | S30,00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Sed) □ \$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/COURIER ADDRESS:

Registration Section Division of Corporations Clitton Building 2661 Executive Center Circle Taflahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Premier Storage of New Port Richey LLC | | |
|---|---|---------------------------------|
| (<u>Name of the Limited Liabi</u> (A Florid | lity Company as it now appears on our record da Limited Liability Company) | <u>ls.</u>) |
| The Articles of Organization for this Limited Liability Florida document number <u>L18000123333</u> | Company were filed on 05/16/2018 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lin | nited liability company here: | |
| The new name must be distinguishable and contain the words "Li | mited Liability Company," the designation "LLC | " or the abbreviational L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADD | DRESS) | UR 27 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | PM 3: 46 |
| B. If amending the registered agent and/or reg registered agent and/or the new registered office ad Name of New Registered Agent: | | s, enter the name of the new |
| - Mille Of the Street Market | | |
| New Registered Office Address: | Enter Florida street addre. | V. |
| | , F1 | orida |
| | 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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|---------------------|-------------------------------|-----------------|
| AMBR | Michael C. Fridella | 10912 North 56th Street | □ Adđ |
| | | Temple Terrace, Florida 33617 | ■ Remove |
| | | | _ Change |
| AMBR | John B. McDuffie | 10912 North 56th Street | |
| | | Temple Terrace, Florida 33617 | ■ Remove |
| | | | Change |
| AMBR | James C. Goss | 10912 North 56th Street | |
| | | Temple Terrace, Florida 33617 | □ Remove |
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| ective date, if other than the effective date is listed, the date mu | date of filing | g: | r to date of tiling | or more than 90 day | (optional) 🧮 🤄 | |
| te: If the date inserted in this bl | lock does not n | neet the applic | able statutory | iling requiremen | ts. this date wil | I not be liste |
| ument's effective date on the D | epartment or s | state's records | | | | |
| record specifies a delaye | d effective c | date, but no | ot an effectiv | ve time, at 12 | :01 a.m. on | the earlie |
| he 90th day after the rec | ord is filed. | | | | | |
| June 15 | | 2018 | | | | |
| ed | 111 | A | · | | | |
| | // / | $T \nu$ | | | | |

Page 3 of 3

Filing Fee: \$25.00