L18CW123333

Office Use Only



900316465589

SECRETARY OF STATE

mend

BL. VORISEK AUG 0 8 2018

COVER LETTER

5	istration Se ision of Cor			
SHD IFOT.		orage of New Port Richey LLC		
SUBJECT.		Name of Limi	ted Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return	all correspo	ndence concerning this matter t	to the following:	
		Sharon Simicich		
		 	Name of Person	
		SKS Management & Accor	unting Services, Inc.	
			Firm/Company	
		10912 N 56th Street		
			Address	
		Temple Terrace, FL 33617	-3004	
		Sharon@sks-management.co	City/State and Zip Code om	
			o be used for future annual report	notification)
For further in	nformation c	oncerning this matter, please ca	ıll:	
Sharon Simicich			813 980-2817	
	Name o	f Person	at ()	time Telephone Number
Enclosed is a	a check for th	ne following amount:		
□ \$25.00 F	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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Premier Storage of New Port Richey, Ll		
(Name of the Limited L. (A F	iability Company as it now appears on o lorida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liabil Florida document number <u>L18000123333</u> This amendment is submitted to amend the following name, enter the new name.of.the	ity Company were filed on May 16. ng: limited liability company here:	18 SEISE LARY OF SIATE AND SEE THAT SEE THAT SEE THAT SEE THAT SEE THE FLORID.
The new name must be distinguishable and contain the words	"Limited Liability Company," the designa-	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable		
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	***	records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	eet 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

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	<u>Address</u>	Type of Action
AMBR	James C Goss	10912 N 56th Street, Temple Terra	_ B Add
			□ Remove
			Change
AMBR	Michael C Fridella	10912 N 56th Street, Temple Terra	Add
			☐ Remove
			Change
AMBR	John B McDuffie III	10912 N 56th Street, Temple Terra	□ Add
			☐ Remove
			Change
			
			□ Remove
			Change
			□ Remove
			☐ Change
			🗖 Add
			D Remove
			☐ Change

			-	
		·		
···				
	· · · · · ·			
		····		
				~.
		-		
_				
				····
			. <u>-</u>	
	· · · · · · · · · · · · · · · · · · ·			
	May 10	. 2018		
Tective date, if other than an effective date is listed, the date	the date of filing:		(opti	onal)
ote: If the date inserted in th	is block does not meet the ap	plicable statutory fili	ing requirements, thi	s date will not be listed as
ocument's effective date on th	ie Department of State's reco	ords.		
	yed effective date, but	not an effective	time, at 12:01	a.m. on the earlier o
The 90th day after the	2018			
The 90th day after the		·		
The 90th day after the	. 2018	· .		
The 90th day after the		authorized representativ	ve of a member	

Page 3 of 3

Filing Fee: \$25.00