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Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FRANK, WEINBERG, BLACK, P.L.

Account Number : 120040000083

: (954)474-8000

Phone Fax Number

: (954)474-9850

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

kmoro@fwblaw.net

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RIVERBEND STORAGE, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$25.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | City | Ztp Code |
|--|---|------------------------------|
| | , Plorida | |
| New Registered Office Address: | Enter Florida street adabess | |
| Name of New Registered Agent: | | |
| B. If amending the registered agent and/or registered agent and/or the new registered officered of the new registered of the new rea | registered office address on our records, ce address here: | enter the name of the new |
| | | |
| Mailing address MAY BE A POST OFFICE BO | <u> </u> | · |
| Enter new mailing address, if applicable: | | ·· |
| | | ; |
| | | |
| Principal office address MUST BE A STREET | ADDRESS) | |
| Enter new principal offices address, if applicab | le: | |
| The new arms must be distinguishable and contain the word | is "Limited Liability Company," the designation "LLC" | or the abbreviation "L.L.C." |
| RIVERBEND STORAGE MANAGER, LLC | | |
| A. If amending name, enter the new name of th | ne limited liability company here: | |
| This amendment is submitted to amend the follow | ing: | |
| Florida document number L18000146651 | | |
| The Articles of Organization for this Limited Liab | ility Company were filed on June 13, 2018 | and assigned |
| (A | Liability Company of it now appears on our records. Florida Limited Liability Company) | , |
| | RIVERBEND STORAGE, LLC | |

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 603, 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

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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 | | | | |
|--|------|---------------|----------------|--|
| Title | Name | Address | Type of Action | |
| | | | | |
| | | : | ☐ Remove | |
| | | | ☐ Change | |
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| f amending any other information, enter change(s) here: (Attach additional sheets, if necessary, |) |
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| Effective date, if other than the date of filing: (optional) 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; Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Depurtment of State's records. |) Pursuant to 605.0207 will not be (Isted as |
| ne record specifies a delayed effective date, but not an effective time, at 12:01 a.m. The 90th day after the record is filed. | on the earlier o |
| Dated 9/6/2018 HSL STORAGE, LLC Its Manager gomes MLa Bonto | |
| James Labonte as Manager | |
| James M. LaBonte | |
| Typed or printed name of signed | |

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Filing Fee: \$25.00