## 118000/169863

(Red	questor's Name)	
(Add	dress)	<del></del>
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu:	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



500316130245

08/66/18--01013--020 \*\*3U.0.

18 RC -8 RE 3 35

AUG L 1 2011 S. PRATHER

## **COVER LETTER**

	egistration Sect ivision of Corpo				
ètin iron	Fanning Spr	ings Affordable Storage LL	C		
SUBJECT:Name of Limited Liability Company					
The enclose	ed Articles of A	mendment and fee(s) are subm	nitted for filing.		
Please retu	rn all correspond	dence concerning this matter to	the following:		
		Tiffany Tyree			
			Name of Person		
		Florentine Holdings Group	p		
			Firm/Company		<del></del>
		18270 N Hwy 329			
			Address		
		Reddick, FL 32686			
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	<del>-</del>
		TIFFANY@FLORENTINE	HOLDING.COM  be used for future annual r	annet notification	<del></del>
For further	information cor	ncerning this matter, please cal		eport normeation	· /
Tiffany Ty			at ()	1-0821	
	Name of I	'erson	Area Code	Daytime Telep	hone 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 ench		□ \$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

wappears on our records.) mpany)  d on 7/13/2018 and assigned  oany here:
and assigned and assigned so
and assigned and assigned so
ှာ pany here:
ှာ pany here:
pany here:
ny," the designation "L.L.C." or the abbreviation "L.L.C."
tate Road 52
n, FL 34667
ress on our records, <u>enter the name of th</u>
Enter Florida street address
mer to the areet wereas
, Florida
li

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>	<u>Name</u>	Address	Type of Action
			Remove
			Change
		<del></del>	
			Remove
			Change
			Remove
			Change
			Add
			☐ Remove
			☐ Change
		<del>.</del>	Add
			Remove
			Change
			□ Add
			□ Remove
			Change

<del>`</del>		<del></del>
<del></del>		
		<del></del>
<del></del>		
		·-
<u> </u>		
<del> </del>		
ective date, if other than the da	te of filing:	(optional)
te: If the date inserted in this block	specific and cannot be prior to date of filing or mor does not meet the applicable statutory filing to	requirements, this date will not be listed
ument's effective date on the Depa		
	ffective date, but not an effective tin	ne, at 12:01 a.m. on the earlier
he 90th day after the record	is med.	
August 7	2018	 c3
ed	<u></u>	\$ <b></b>
	MA Da	20 34
Sig	hature of a member or authorized representative of	f a member
	V	: :
Joseph F Florentine III		ယ
	Typed or printed name of signee	دى 11:

Page 3 of 3

Filing Fee: \$25.00