# 48000213674

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K. SALY NOV 1 0 2018

### COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Rossville Name of Limi	Affordable Storage ited Liability Company	LLC
The enclosed Articles of	Amendment and fee(s) are sub	nitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
•		Tiffany Tyree Name of Person	
	Floren	tine Holding Com	pany
	2400 F	ist St. Ste 30	3
		Myers FL 3390 City/State and Zip Code a) florentine holdi o be used for future annual report notice	
For further information (	concerning this matter, please ca	·	,
Ti Hay Name	of Pason	at ( <u>850</u> ) <u>251 – C</u> Area Code Daytime	08 2 1 e 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 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

•	O .	~
ARTICLES OF C	RGANIZATION	
O	F	18 007
		18 OCT 29 AH 8: 32
Rossville Affordabl	e Storage, LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our recordability Company)	ds.)
	i 1	TOMOA
The Articles of Organization for this Limited Liability Company	were filed on $9720$	18 and assigned
Florida document number <u>L 18000 Z13674</u> .	, ,	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LL0	C" 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:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of		ls, enter the name of the ne
registered agent and/or the new registered office address her	<u>e</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	255

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.

City

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	Donald E Tyree	2400 First St., Ste 303	Add
		2400 First St., Ste 303 Fort Myers, FL 33901	Remove
			Change
			Add
			Remove
			Change Ch
			☐ Rem∰e
			🗆 Add
			_ □ Remove
			🗆 Change
			□ Add
			□ Remove
			🗆 Change
			🗆 Add
		· · · · · · · · · · · · · · · · · · ·	_□ Remove
			Change

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
·.	8 7
	29
	至
	O V
	<del></del>
(If an et <u>Note:</u>	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	October 24th 2018
	Signature of a symber of a member
	Typed or printed name of signee

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Filing Fee: \$25.00