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## **COVER LETTER**

SUBJECT: SAYF HOLDINGS LL C Name of Limited Liability Company	
Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
RICARDO CARMON Name of Person	
Firm Company	
1645 NE 7TH STREET Address	
Address	
FORT LIMBERDAE, FL. 33304  City/State and Zip Code  Cicardo. Carrien S e gmail. com	
City/State and Zip Code  Cicardo Carrion S. P. Smail. Com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Remod Carron at (754) 252 - 9680  Name of Person Area Code Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
radditional copy is enclosed) Certified	te of Status &

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

SAYF HOLDINGS	UC 2018				
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) billity Company)				
The Articles of Organization for this Limited Liability Company w	rere filed on 9 19 2018 F and Skigned				
Florida document number <u>L18000223241</u> .	SEC. 1				
This amendment is submitted to amend the following:	5: 25 E. FL				
A. If amending name, enter the new name of the limited liabili	ity company here:				
STIRIT STORAGE, LLC The new name must be distinguishable and contain the words "Limited Liability					
The new name must be distinguishable and contain the words "Limited Liability					
Enter new principal offices address, if applicable:	FORT LAWDERDALE, FL. 33304				
(Principal office address MUST BE A STREET ADDRESS)	FORT LAWDERDALE, FL. 33304				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME AS ABOVE				
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	ce address on our records, enter the name of the ne				
Name of New Registered Agent:	No CHANGES				
New Registered Office Address:					
Enter Florida street address					
<del></del>	Florida				
	Cuy Zip Code				
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a	erformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this document is				

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 cor removed from our records: MGR = Manager AMBR = Authorized Member Type of Action Address Title Title <u>Name</u> \_□ Add ☐ Remove \_□ Change \_D Add ☐ Remove ☐ Change □ Add □ Remove \_□ Change □ Add ☐ Remove ☐ Change \_□ Add □ Remove \_□ Change ☐ Remove \_\_ Change

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Filing Fee: \$25.00