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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
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TO:

| | 12 St. cas | - 110 |
|--|---|---|
| SUBJECT: | Name of Lim | ited Liability Company |
| | | , |
| | | |
| The enclosed Articles of A | Amendment and fee(s) are sub | mitted for filing. |
| Please return all correspon | ndence concerning this matter | to the following: |
| | | |
| | KICAT | SPO CUESION |
| | | Name of Person |
| | 5+:v-1 | Stora ar IIC |
| | | Firm/Company |
| | 1645 NE | 7THSTREET |
| | 525 KW | |
| | | Address |
| | FORT LAU | SERDALE FL 33304 |
| | | |
| | <u>ricardo, Ca</u> E-mail address: (| to be used for future annual report notification) |
| For further information co | oncerning this matter, please c | all: |
| | | 55.00 |
| | Division of Corporations CCT: Stirit Storage LLC Name of Linked Liability Company closed Articles of Amendment and fec(s) are submitted for filing. return all correspondence concerning this matter to the following: RICARD CARRION Name of Person Stirit Storage LLC FinnyComplany IG45 NE 7TH STREET Address FORT LANDERDALE FL 33334 City/State and Zip Code ricarde carrion C Stirit storage con E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call: 2 (CARRIO CARRION Area Code Daytime Telephone Number) ed is a check for the following amount: | |
| Division of Corporations UBJECT: Strif Storage LLC Name of Linderd Liability Company the enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Rease return all correspondence concerning this matter to the following: Rease return all correspondence concerning this matter to the following: Registration Section Division of Corporations Division of Corporations Street Address: Registration Section Division of Corporations Registration Section Division of Corporations | | |
| Enclosed is a check for th | ne following amount: | |
| \$25.00 Filing Fee | □ \$30.00 Filing Fee & | ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, |
| , | - | Certified Copy Certificate of Status & Certified Copy |
| | | |
| Mailing Address | s: | Street Address: |
| Registration S | Section | Registration Section |
| | - | • |
| | | |
| rananassee, r | L 34314 | Tallahassee, FL 32303 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Stirit Storacy | eLiC | |
|---|--|---------------------------------------|
| (Name of the Limited Liability Compa (A Florida Limited L | hy as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company Florida document number | were filed on $9 - 19 - 19$ | and assigned |
| This amendment is submitted to amend the following: | | |
| • | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "LLC" or the | he abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 525 NW 107 | Ave |
| (Principal office address MUST BE A STREET ADDRESS) | FORT LAPROPERA | FE SON |
| | | · · · · · · · · · · · · · · · · · · · |
| Enter new mailing address, if applicable: | The start of | |
| (Mailing address MAY BE A POST OFFICE BOX) | | SE SE |
| | | 700 130 m |
| | | |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | address on our records, enter the i | name of the new registered |
| agent and/or the new registered office address here. | | SE A IT |
| Name of New Registered Agent: | NO CHANGE | 9 0 |
| Name Daminton of Office Addresses | | 1 <u>-1</u> 0 |
| New Registered Office Address: | Enter Florida street address | |
| | . Florida | 1 |
| | 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> | <u>Name</u> | Address | Type of Action |
|--------------|-----------------|---------------------------|----------------|
| <u> </u> | EDWARD CESTEDES | 5961 NE ISTH TERRACE | 🗀 Add |
| | | FORT LAUDERDAUE, FL 33308 | Remove |
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| (If an e Note: | tive date, if other than the date of filing: |
|-------------------|---|
| | ecord 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. |
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