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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to I	Filing Officer:	
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Office Use Only



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COVER LETTER

Division of Co			
Amelia Sto			
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Camilo Aldama		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
		Firm/Company	
	16400 NW 59th AVE		
		Address	
	Miami Lakes, FL 33014		
	camiloaldama@gmail.com	City/State and Zip Code	
		to be used for future annual report not	ification)
For further information c	concerning this matter, please c	all:	
Camilo Aldama		305 370-4540	
Name o	t Person	Area Code Daytin	ne 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 Addres Registration		<u>Street Address:</u> Registration Se	ection

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF FILED

Amelia Storage, LLC

2022 MAR 28 PM 2: 03

(<u>Name of the Limited Liah</u> (A Flor	ility Company as it now appears on our records.) ida Limited Liability Company) SECRETARY OF STATE TALLAHASSEE, FL
The Articles of Organization for this Limited Liability	Company were filed on 04/04/2019 and assigned
Florida document number L19000094071	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
Amelia Lofts, LLC	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AD)	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>enter the name of the new register</u> o.
agent and the new registered time address ner	•
Name of New Registered Agent:	
New Registered Office Address:	
-	Enter Florida street address
	Florida
	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 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
			□ Add
			□Remove
			□ Change
			□Add
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Note: If the date inserted in the	te must be specific and cannot be prior to	odate of filing or more than 90 days after filing ble statutory filing requirements, this day	g.) Pursuant to 605,0207 (3)(b
If the record specifies a delayed effector is filed.	ective date, but not an effective tim	ne, at 12:01 a.m. on the earlier of: (b) T	The 90th day after the
Dated	2022		
	17	_	
	Signature of a member or author	rized representative of a member	
Alexander Ruiz, M		the state of the s	

Typed or printed name of signee

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