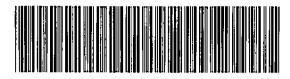
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(Requestor's Name)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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## **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJE	TI: NSC LAKE WEIR LLC Name of Limited Liability Company
The enc	osed Articles of Amendment and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning this matter to the following:
	TODD Rudnianyn Name of Person
	Neighborthood Storage
	2441 N.E. 3rd Street, Suite 101
	Ocala FL 34470  City/State and Zip Code
	E-mail address: to be used for future annual report notification)
For furth	er information concerning this matter, please call:
To	DD Rudnianyn at (352, 239–1555) Name of Person at (352, Daytime Telephone Number
Enclosed	l is a check for the following amount:
□ \$25	00 Filing Fee   Certificate of Status  Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

TO:

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NSC Lake	Weir LLC
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co.	ompany were filed on $000000000000000000000000000000000000$
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ted liability company here:
The new parte must be distinguishable and contain the words "I imi	ited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDR	2441 NE 3rd Street
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Suite 101 Ocala, FL 34470
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Cala, Florida 34470 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, <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
			□Add
			□Remove
			☐ Change
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an effec lo <u>te:</u> H	e date, if other than the date of filing: (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the office of the Department of State's records.
record Lis tiled	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the l.
ated _	August 14, 2020.
	Signature of authorized compared time of a manhar
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00