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(Document Number)
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2019 CTT -4 PM 2: 36

TO VOICE OF

## **COVER LETTER**

Division of Corporations
SUBJECT: Self Stovage, @ Boynton, LLC 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:
Kimberty Hill Name of Person
Firm/Company
3930 Max Place
Address
Boynton Beach, FC 33436 City/State and Zip Code
Vi nul + @ MSDenter Drises. net
For further information concerning this matter, please call:
Kimber Will at (561) 742-9290 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fec.
Certificate of Status  Certificate of Status  (additional copy is enclosed)  Certificate of Status & Certificate of Status & Certificate of Status & Certified Copy  (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

Self Stor	age @ Bou	nton, There
(Name of the Limited Liah (A Flori	ility Company as it now appears (ida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Florida document number <u>LPLXXX</u> 130		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the line  Orchid Self-Story  The new name must be distinguishable and contain the words "L	ruge LLC	- 
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
Muning duress Mail De 711 OST OFFICE DON		
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad	,	our records, <u>enter the name of the nev</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florid	a 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 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 = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
		<del></del>	□ Add
			☐ Remove
			☐ Change
			Add
			Remove
<u>_</u>	<del>.</del>		□ Add
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			☐ Remove
			☐ Change
	·		Add
			☐ Remove

☐ Change

E. Effective date, if other than the date of filing:		
E. Effective date, if other than the date of filing:	-	
E. Effective date, if other than the date of filing:		
E. Effective date, if other than the date of filing:	•	<del></del>
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Signature of a member of authorized representative of a member	Dated	BHUL
		Signature of a member of authorized representative of a member

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Filing Fee: \$25.00