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## COVER LETTER ,

TO: Registration Division of	on Section Corporations		
COC SUBJECT:	OA SAVER STORAGE LLC		
Songect.	Name of Lin	nited Liability Company	<del>,</del>
The enclosed Article	s of Amendment and fee(s) are sub	omitted for filing.	
Please return all corr	espondence concerning this matter	to the following:	
	Matthew Smoot		
		Name of Person	
	70301) 6 11 4	Firm/Company	<del></del>
	7838 Brofield Avenue	Address	<del></del>
	Windermere, F1, 34786		
	matthewsmoot@gmail.com	City/State and Zip Code	
For further informati	E-mail address: ( on concerning this matter, please c	to be used for future annual report notif all:	ication)
Matthew Smoot		801 706-5522	
Nau	ne of Person	Area Code Daytime	Telephone Number
Enclosed is a check f	or the following amount:		
■ \$25.00 Filing Fee	e \$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)

MAHLING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 STREET/COURIER ADDRESS: Registration Section

Registration Section
Division of Corporations
Clifton Building

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COCOA SAVER STORAGE LLC					
(Name of the Limited (A	Liability Compa Florida Limited	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liab Florida document number L19000225155	ility Company	were filed on September 5, 2019	and as	signed	
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of th	e limited liab	ility company here:			
			<del> </del>	<u> </u>	
The new name must be distinguishable and contain the word	s "Limited Liabil	lity Company," the designation "LLC" or	the abbreviation "I.	.l <b>'C</b> ."	
Enter new principal offices address, if applicabl	e:	7838 Brofield Avenue		4	η,
(Principal office address MUST BE A STREET A	ADDRESS)	Windermere, FL 34786	E	7.7	
			 	() )	77
				H	—; )
Enter new mailing address, if applicable:			OR:	7:	
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>		D <sub>I</sub>	Č	_
B. If amending the registered agent and/or registered agent and/or the new registered office			nter the name	of the	new
Name of New Registered Agent:	tatthew Smool	<b>-</b>	····-		
New Registered Office Address:	7 <del>938 Brakeld /</del>	<del>tve</del> nue			_
		Enter Florida street address			
,	Windermere	, Florid	10 37586		
_		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>	Name	Address	Type of Action
MGR	Daniel Kimball	1007 Parkway Drive, North Salt Lake, UT 84054	Add
		<del></del>	■ Remove
			□ Change
MGR	Matthew S Smoot	7838 Brofield Ave., Windermere, FL 34786	
			■ Remove
			Change
<del></del>			
		- <del></del>	□ Remove
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flease	Comose	David	Kir-ball	<del>-}-</del>	Matthew	Smoot	a5
managers	on LLC				Matthew		
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ii inc date insert	ieu in inis diock d	ioes not meet	not be prior to date of the applicable stati is records.	itory fili	more than 90 days after ing requirements, th	ional) π filing.) Pursua is date will no	nt to 605 1 be list
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	Sign	ntury of a memi-	per or authorized repr	resentativ	ve of a member		

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Filing Fee: \$25.00