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COVER LETTER

TO:	Registration Section
	Division of Corporations

Claracona Rd, LLC

SUBJECT:

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:

Timothy Hudspeth

Name of Person

Claracona Rd, LLC

Firm/Company

2258 Apopka Blvd Suite 210

Address

Apopka, FL 32703

City/State and Zip Code

tim@accutech1.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 Timothy Hudspeth
 407
 292-9007

 Name of Person
 at (_____)

 Name Telephone Number

Enclosed is a check for the following amount:

S25.00 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 ADDRESS: 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 Tallabassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Claracona Rd, LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/04/2019 and assigned Florida document number L19000250593

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

A Space Storage Clarcona, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:		MALE SE		•	` <u>-</u> .
(Mailing address MAY BE A POST OFFICE BOX)				-	
		65			-
				F	ī.
B. If amending the registered agent and/or re-	gistered office address on our records, <u>er</u>	nterine	name of		new
registered agent and/or the new registered office a	ddress here:	AL A	\$	S	 ^`
		S.	37		
Name of New Registered Agent:		• •••			
New Registered Office Address:					
<u>isew Registered Office Address</u> .	Enter Florida street address		_		-
	, Florid	at			
	City	7.	ip 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, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Timothy Hudspeth	2258 Apopka Blvd-Suite 210 Apopka, FL 32703	Add
			Remove
			Change
			Add
		<u> </u>	Remove
			Change
		<u> </u>	🛛 Add
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			Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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	10/29/2019	

If the record 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 record is filed.

October 29 Dated	2019	
\sim	Zat	
	- Audapelk	
	Signature of a member or authorized representative of a member	
Timothy Hudspet	h	
Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00