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## **COVER LETTER**

Affordable Secure Storage - Labelle SR80 W. 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:  Colleen Hayes  Name of Person  Affordable Secure Storage - Labelle SR80 W. LLC  Firm/Company  470 Atlantic Ave. Floor Four  Address  Boston. MA. 02210  City/State and Zip Code operations@supertowersine.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Chris Sullivan  Name of Person  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  Escion Filing Fee Certificate of Status  Certified Copy (additional copy is enclosed)  Certificate of Status & Certified Copy (additional copy is enclosed)	TO: Registration Section Division of Corporations						
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Operations@supertowersinc.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Chris Sullivan  One of Person  Name of Person  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  Second Status  Certificate of Status  Certificate of Status  Certificate of Status & Certified Copy (additional copy is enclosed)  Certificate Opy Certificate Opy Certificate Opy Certificate Opy Certificate Opy Certificate Opy			Boston, MA, 02210				
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Chris Sullivan  617 913-0709  at (				City/State and Zip Code			
Enclosed is a check for the following amount:    \$25.00 Filing Fee   \$30.00 Filing Fee & Certificate of Status   Certified Copy (additional copy is enclosed)   Certif			operations@supertowersine	.com			
Chris Sullivan    Same of Person   Same of Person   Person   Area Code   Daytime Telephone Number			E-mail address: (	to be used for future annual report not	ification)		
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Mailing Address:  Registration Section  Street Address:  Registration Section					ection		
Division of Corporations Division of Corporations	Div	vision of C	Corporations		Division of Corporations		
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810					The Centre of Tallahassee		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed Florida document number 1.20000004112	d on 12/23/19 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	pany here:
The new name must be distinguishable and contain the words "Limited Liability Compan	ny," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	20.20
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Enter new mailing address, if applicable:	= = = = = = = = = = = = = = = = = = = =
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>
<del> </del>	<u> </u>

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>	<u>Name</u>	Address	Type of Action
MGR	Kelly Sheehan Plaisted	30 Alba Rd.	□Add
		Wellesley, MA 02481	□Remove
			■ Change
MGR	Colleen Hayes	1 Wellington St., Apt 1	<b>=</b> Add
		Boston, MA 02118	□Remove
MGR	Erik Martin	9 Knollcrest Dr.	
		Andover, MA 01810	220 Add NO 177 □ Remove
			Change.
			□Remove
			□Change
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Tective date, if other than the an effective date is listed, the date mu ote: If the date inserted in this bi	iock does not meet the app	licable statutory filing n	than 90 days after filing.) Pursi	unt to 605.020 of he listed a
ocument's effective date on the D	epartment of State's recor	ds.	•	
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ecord specifies a delayed effective is filed.	e date, out not an effective	time, at 12:01 a.m. on	the earlier of: (b) The 90th	day after the
N'ayember 2ad	2020			
nted November 2nd	. 2020	····································		
VIII				
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Filing Fee: \$25.00