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COVER LETTER

TO: Registration So Division of Cor			•
STORAGE SUBJECT:	ROD. LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Raul Gastesi, Esq.		
		Name of Person	·
	Gastesi, Lopez & Mestre F	PLLC	
		Firm/Company	
	8105 NW 155th Street		
		Address	·= · · · · · · · · · · · · · · · · · ·
	Miami Lakes, Florida 330	10	
		City/State and Zip Code	
	Gastesi@glmlegal.com		
		to be used for future annual report notifica	ation)
For further information c	oncerning this matter, please ca	all:	
Raul Gastesi, Esq.		305 818-9993 at ()	
Name o	f Person	Area Code Daytime T	elephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 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)
<u>Mailing Addres</u> Registration S		Street Address: Registration Secti	on

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STORAGE ROD, LLC

(Name of the Limited I	Liability Company as it now appears on our records. Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi Florida document number $\frac{120000080210}{1000000000000000000000000000000000$	ility Company were filed on 03/19/2020	and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, <u>enter the new name of th</u>	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	_
(Principal office address MUST BE A STREET A	ADDRESS)	—— 7 5,— 2 ——
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO		PRI AUG -9 AM 10: 14 SECINE TARY OF STATE TORIDA
B. If amending the registered agent and/or regi- agent and/or the new registered office address h		ie name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
-	, Flor	ida 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>	<u>Name</u>	Address	Type of Action
MGR	Regino Rodriguez	585 East 49th Street	
		Hialeah, Florida 33010	■Remove
			Change
			□Add
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			🗆 Change
			□Add
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Filing Fee: \$25.00