## LZO OCC 312293

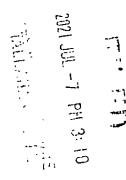
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Certified Copies	Certificates	of Status
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## **COVER LETTER**

Division of Corpo	Orations		
SUBJECT:	Name of Limited Liability Company		
	, . ,		
The enclosed Articles of Ar	mendment and fee(s) are submitted for filing.		
Please return all correspond	dence concerning this matter to the following:		
	Pedro M. GAllINAR		
	Name of Person		
	Firm/Company		
	6701 SUNSET DIVE Suite	100	
	Address		
	MIANI, Florida 33143		
	Address  MIANI, Florida 33143  City/State and Zip Code  Pedro & P. Calling R. C. p. A. C. p.  E-mail address: (to be used for future annual report notification)  Accerning this matter, please call:  MIAR at (305) 299-8+5  Person Area Code Daytime Telephone Number	U : 2021	
For further information con-	cerning this matter, please call:		T
Pedro GA	1/1140 306 299-8+5		
Name of P	erson Area Code Daytime Telephone Number		,)
Enclosed is a check for the	tollowing amount:		
□ \$25.00 Filing Fee	(additional copy is enclosed) Certified	e of Status &	

TO:

Registration Section

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mini	WAREhouse 2 LLC			
( <u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)		_	
The Articles of Organization for this Limited Liab Florida document number $220003$	oility Company were filed on <u>October</u> 2293	2, 20 and	20 Lassigned	i
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of the	he limited liability company here:			
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or	the abbreviation	n "L.L.C."	—
Enter new principal offices address, if applicab	ole:			
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u></u>			
			23	
	istered office address on our records, <u>enter the</u>	name of the	new reg	istered
agent and/or the new registered office address	here:		1	** 1
Name of New Registered Agent:	·		-p :::	: د الاست
New Registered Office Address:			-:: 	
	Enter Florida street address	1		
	, Florid	aZip Ce	ode	<del></del>

## 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 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
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Effective date, if o	ther than the date o	f filing:		(opti	•	
f an effective date is lis <b>Note:</b> If the date ins	sted, the date must be spec serted in this block doe e date on the Departme	citic and cannot be press not meet the app	licable statutory fi	r more than 90 days after	filing.) Pursuant t	e listed as
e record specifies a ded is filed.	lelayed effective date, l	but not an effective	e time, at 12:01 a.t	n. on the earlier of: (b	) The 90th day	after the
Dated July	1	70}	<u>~ 1</u> .			
!	-111 MY	OV MAIN				
Dated July	Signatu	re of a member of au	thorized representat	ive of a member		_

Filing Fee: \$25.00