## 120000365348

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(Address)
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(City/State/Zip/Phone #)
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## **COVER LETTER**

TO: Registration S Division of Co		,	
,1602 SE V SUBJECT:	ILLAGE GREEN STORAGE	LLC	
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	MICHAEL PILATO		
		Name of Person	
		Firm/Company	
	7846 ARBOR CREST WA	ΛY	
		Address	<del></del>
	PALM BEACH GARDEN	IS. FL 33412	
	KANE0249@GMAHCOM	City/State and Zip Code	
	-	to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	ali:	
MICHAEL PILATO		561 459-0743	
Name o	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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)
Mailing Addre		Street Address:	ation
Registration Division of C		Registration Se Division of Cor	
P.O. Box 632		The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1602 SE VILLAGE GREEN STORAGE LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company lorida document number $\frac{120000365348}{1}$ .	were filed on 11/18/2020	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or th	ac abbreviation "L.L.C."
nter new principal offices address, if applicable:	466 NW LAKE WHITNEY PLACE	
Principal office address MUST BE A STREET ADDRESS)	PORT SAINT LUCIE, FL 34986	20 S
		21 Th
nter new mailing address, if applicable:		FEB 26
Mailing address MAY BE A POST OFFICE BOX)		300 P
		12: 03 F. TAIE
		, ,
<ol> <li>If amending the registered agent and/or registered office agent and/or the new registered office address here:</li> </ol>	address on our records, enter the n	name of the new registe
Name of New Registered Agent:	, , , , , , , , , , , , , , , , , , , ,	
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zin 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 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
AMBR	MP Worldwide Holdings LL	2300 W SAHARA AVE	■Add
	·	SUITE 800	□Remove
		LAS VEGAS. NV 89102	□Change
AMBR	Focused Motion_Holdings_LLC	2300 W SAHARA AVE	■Add
	· · · · · · · · · · · · · · · · · ·	SUITE 800	
		LAS VEGAS, NV 89102	
AMBR	MICHAEL PILATO	7846 ARBOR CREST WAY	
		PALM BEACH GARDENS, FL 33412	= 5
			□Change
			□Add
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ffective date, if other than the	date of filing:			(option	ıal)
an effective date is listed, the date must <b>Sote:</b> If the date inserted in this bl					
ocument's effective date on the D			, .	•	
record specifies a delayed effectived is filed.	e date, but not a	n effective tim	e, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after the
eted FEBRUARY 22		2021			
	······································		. •		
	100			d'a member	

Filing Fee: \$25.00

Typed or printed name of signee