

L 21000222847

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000405952 3)))



H210004059523ABC

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : ASMA & ASMA, P.A.  
Account Number : I20060000067  
Phone : (407)656-5750  
Fax Number : (407)656-0486

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: Stephanie@steelworxusa.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
STORAGE WORX CRYSTAL RIVER LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

11/2

FILED  
2021 NOV -2 PM 2:39  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS

VH

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STORAGE WORX CRYSTAL RIVER 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 05/17/2021 and assigned  
Florida document number L21000222847.

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable: \_\_\_\_\_

(Principal office address MUST BE A STREET ADDRESS) \_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address MAY BE A POST OFFICE BOX) \_\_\_\_\_

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida street address

Florida

City

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

FILED  
2021 NOV - 2 PM 2:39  
CLERK OF CIRCUIT COURT  
JANICE L. HARRIS  
TALLAHASSEE, FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
MBR	JOHANNES STEYL	14330 EASTSIDE STREET	<input type="checkbox"/> Add
		GROVELAND FL 34736	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	ARNOLDIS STEYL	14330 EASTSIDE STREET	<input type="checkbox"/> Add
		GROVELAND FL 34736	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	DAJHAN VAN ROOYEN (DJ)	14330 EASTSIDE STREET	<input type="checkbox"/> Add
		GROVELAND FL 34736	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	VIDETTE VAN WYK	14330 EASTSIDE STREET	<input type="checkbox"/> Add
		GROVELAND FL 34736	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	STEPHANIE VAN ROOYEN	14330 EASTSIDE STREET	<input type="checkbox"/> Add
		GROVELAND FL 34736	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated 25 October, 2021

Signature of a member or authorized representative of a member

Vidette A. Vanwyk  
Typed or printed name of signer

Typed or printed name of signer

SAINT LOUIS, MO.  
FALL 1935

2021 NOV -2 PM 2:39

FILE