# L21000254906

	(Requestor's Name)
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	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Business Entity Name)
- <u>-</u>	(Document Number)
Certified Copies	Certificates of Status
	-
Special Instructions to	Filing Officer:
<u>.                                  </u>	

Office Use Only



300419944403

RECEIVED

20 TALLAHÁSSEEL FLORIÓA

CSC - Tallahassee CSC 1201 Hays Street Tallahassee, FL 32301-2607 850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 12/12/23 Order #: 1333298-6

Re: TCC - TF Plaza East Storage, LLC

Processing Method: Routine

### TO WHOM IT MAY CONCERN:

Enclosed please find:-- --- -

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:

12000000195

Authorization:

Please take the following action: File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## **COVER LETTER**

TO: Registration Se Division of Cod					
SUBJECT:	TCC - TF P	laza East Storage, LLC			
SUBJECT:	Name of Lim	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
		Molly Gilhart			
		Name of Person			
		Trilogy Real Estate Group			
		Firm/Company	<del></del>		
		520 W. Erie St., Ste. 100			
		Address			
		Chicago, IL 60654			
		City/State and Zip Code			
	E-mail address: (	mgilhart@trilogyreg.com to be used for future annual report noti	fication)		
For further information of	concerning this matter, please c	·	·		
Molly	Gilhart	at (312)750-09	00		
Name o	of Person		e Telephone Number		
Enclosed is a check for the	he following amount:				
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres		Street Address:			
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2023 DEC 12 PM 12: 50 TCC - TF Plaza East Storage, LLC (Name of the Limited Liability Company as it now annears on our records.)

(A Florida Limited Liability Company)

IALLA BLACCEST STAFE TALLAHASSEE, FLORIDA The Articles of Organization for this Limited Liability Company were filed on 06/01/2021 and assigned Florida document number L21000254905 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." I Concours Way Enter new principal offices address, if applicable: Opa-Locka, FL-33054 - - -(Principal office address MUST BE A STREET ADDRESS) 1 Concours Way Enter new mailing address, if applicable: Opa-Locka, FL 33054 (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: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida

### 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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Filing Fee: \$25.00