## 121000457200

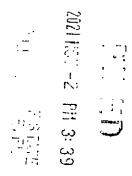
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(Business Entity Name)				
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A. BUTLER NOV 1 5 2021

## **COVER LETTER**

Tallahassee, FL 32314

	Registration Se Division of Cor			
embre~	Secure Stor	re V LLC		
SUBJEC	1:	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please reti	urn all correspo	ondence concerning this matter	to the following:	
		James Fox		
			Name of Person	
		The Huber Group		
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		PO Box 730		
			Address	<del></del>
		Windermere, FL. 34786		
			City/State and Zip Code	
		dhuber@cfl.rr.com  E-mail address: (	to be used for future annual report not	ification)
For furthe	r information c	oncerning this matter, please c		•
James Fo	x		407 909-0600	
	Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed i	is a check for th	ne following amount:		
■ \$25.0	0 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>Hailing Addres</u> Registration S		<u>Street Address:</u> Registration Se	ection
Ĭ.	Division of C	orporations	Division of Co	rporations
13	P.O. Box 632	7	The Centre of '	Fallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Secure Store VILLC

2021 MCT -2 PM 3:39

	· ·
(Name of the Limited Li	iability Company as it now appears on our records.) Torida Limited Liability Company) FS, 71;
(A F)	Torida Limited Liability Company) - S 12.712
	· • • •
<del>-</del>	lity Company were filed on 10/20/2021 and assigned
lorida document number 1.21000457200	
his amendment is submitted to amend the following	ig:
A. If amending name, enter the new name of the	e limited liability company here:
he 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 AI	DDRESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX	<i>x</i> )
Training address MAT DE AT OUT OF THEE DOX	<u> </u>
1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	stered office address on our records, enter the name of the new regis
gent and/or the new registered office address he	<u>ere</u> :
Name of New Registered Agent:	
Name of New Registered Agent:	
Name of New Registered Agent:  New Registered Office Address:	
	Enter Florida street 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 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	JCARCO Management,LLC	116 Heritage Cir., Caldwwell, WV. 24925	□ Add
			Remove
			□Change
MGR	JCARCO Holdings, LLC	116 Heritage Cir., Caldwell, WV. 24925	<b>=</b> Add
			□Remove
			□Change
		<del></del>	□Adđ
			□Remove
			Change
			DAdd
			□Remove
			□Change
			🗆 Add
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			□Change
		<del></del>	□Add
			□Remove
			□Change

D. If ar	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)				
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(II an	tive date, if other than the date of filing:	)5.0207 (3)(b			
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be linent's effective date on the Department of State's records.	sted as the			
If the rec record is	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afiled,	er the			
Date	October 27 2021				
	Signature of a member or authorized representative of a member				
	Signature of a member of authorized representative of a member				

1 × 5

Filing Fee: \$25.00

Typed or printed name of signee