## 121000463610

(Re	equestor's Name)	
(Ad	ddress)	-
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(Cit	ty/State/Zip/Phone	e #)
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## COVER LETTER

Registration Section Division of Corporations

TO:

Premier Sto	orage IX LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Jack Owens		
		Name of Person	
	Owens Premier Capital LI	.C	
		Firm/Company	
	6524 Surfside Boulevard		
		Address	<del></del>
	Apollo Beach, FL 33572		
		City/State and Zip Code	
	jowens34@verizon.net		
	E-mail address: (	to be used for future annual report not	ification)
For further information co	oncerning this matter, please c	all:	
Jack Owens		813 883-6114 at ( )	
Name of Person			ne Telephone Number
Enclosed is a check for th	ne 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 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S	Section	Street Address: Registration So	
Division of C P.O. Box 632	•	Division of Co The Centre of	
Tallahassee, I			be Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

53 50

Premier	Storage	ΙX	[,]	.()
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2021 NOT -8 M5 IO: 39

If Changing Registered Agent, Signature of New Registered Agent

(A Florida Limited L	iability Compar	<u>pears on our reco</u>	irus.)
(A Frontia Emilion I.	астиу сопра	•	( <b>31</b> , W.)
The Articles of Organization for this Limited Liability Company	were filed on	October 25, 202	21 and assigned
Florida document number 1.21000463610		·	
r forida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity compan	v here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company." t	the designation "Ll	LC" 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 a	ddress on ou	ır records, <u>ent</u>	er the name of the new registere
agent and/or the new registered office address here:			
Name of New Registered Agent:			
Name Bandarand Office Address			
New Registered Office Address:	Enter	Florida street addi	ress
		,	m +1.
	City		Florida = Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•		•
		Leanne de F	Condition to the start
1 4747 (477) / (477) 114 (474) / (471) / (471) / (471) / (471) / (471) / (471) / (471) / (471) / (471) / (471)	e to act m ti	ні <i>в сарасну.</i> 1 <sub>.</sub>	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete :		r of my duties	and I am familiar with and
provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as p	performance		
provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pacing filed to merely reflect a change in the registered office.	performance rovided for	in Chapter 60:	5, F.S. Or, if this document is
provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as p	performance rovided for	in Chapter 60:	5, F.S. Or, if this document is
provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pacing filed to merely reflect a change in the registered office.	performance rovided for	in Chapter 60:	5, F.S. Or, if this document is

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>	Type of Action
MGR	Owens Premier Capital II LLC	6524 Surfside Boulevard	
		Apollo Beach, FL 33572	≣Remove
			□Change
MGR	Owens Premier Capital LLC	6524 Surfside Boulevard	<b>=</b> Add
		Apollo Beach, FL 33572	□Remove
			□ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
		<del></del>	□Change
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		10/25/20	21	,	15
CC	ited, the date must be spec	ecitic and cannot be pri es not meet the app	licable statutory filii		filing.) Pursuant to 605.0207 ( date will not be listed as t
an effective date is lis ote: If the date ins	e date on the Departme	en or other steem			
an effective date is listote: If the date insocument's effective record specifies a d	e date on the Departme			on the earlier of: (b	) The 90th day after the
an effective date is listote: If the date insocument's effective record specifies a data filed.	e date on the Departme	but not an effective		on the earlier of: (b	The 90th day after the
an effective date is listote: If the date insocument's effective record specifies a data is filed.  November 3	e date on the Departme			on the earlier of: (b	The 90th day after the
an effective date is listote: If the date insocument's effective record specifies a data filed.  November 3	e date on the Departme	but not an effective		on the earlier of: (b	) The 90th day after the
Note: If the date insocument's effective record specifies a d d is filed.	e date on the Departme	but not an effective	e time, at 12:01 a.m.		The 90th day after the
an effective date is listote: If the date insocument's effective record specifies a data is filed.  November 3	e date on the Departme	but not an effective			The 90th day after the