L22000136643

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155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

11/30/22

NAME:

RED DOG STORAGE, LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

		OO DIN DEL		
TO: Registration S Division of Co				
RED DOX	STORAGE, LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Picase return all corresp	undence concerning this matter	to the following:		
	Victor J. Troiano, Esq.			
		Name of Person	·	
	Miller Troiano, PA			
		Firm/Company		
	317 S. Tennessee Avenue			
		Address		
	Lakeland, Florida 33801			
	kmsacco22@gmail.com	City/State and Zip Ci	ode	
	·	to be used for future and	nual report notification)	
For further information of	concerning this matter, please c	all:		
Victor J. Troiano			686-7136	
Name o	of Person	at () Area Code	Daytime 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 F Certified Copy (additional copy is	r Ci s enclosed) Ci	0.00 Filing Fee ertificate of Sta ertified Copy additional copy is en
Malling Addre			t Address:	
Registration Division of C		-	stration Section sion of Corporations	
P.O. Box 632		The	Centre of Tallahassed	
Tallahassec,	FL 32314	2415	N. Monroe Street, S	uite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2022 NOV 30 AM II: 55

RED DOG STORAGE, LLC		SLUNZIA TALLAHASSÉE
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L22000136643	were filed on April 1, 2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	ility company here:	
3 Stooges Storage, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)	7815 New Tampo Lakeland FL 32	11 HWY
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the na	me of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	¥9 a .	
- t	, Florida	Tin 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

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

Title	Name	Address	Type of Action
			□ Add
			□Remove
			[] Change
			□Add
			□Remove
			☐ Change
			[]Add
			□Remove
			DAdd
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Filing Fee: \$25.00