Lago	00 38 069
(Requestor's Name) (Address) (Address)	600391991996
(City/State/Zip/Phone #)	

09/01/01 -01132--010 - ##25.00

DALLANDA JULA LORIDA	2022 AUG - 1 PH 2:50	RECENT
SECRETARY OF STATE TALLAHASSEE, FLUG	2022 AUG - 1 PM 2: 4 1	

(Re	questor's Name)
(Ad	dress)
(Ad	dress)
(City	y/State/Zip/Phone #)
	WAIT MAIL
(Bu:	siness Entity Name)
(Do	cument Number)
Certified Copies	_ Certificates of Status
Special Instructions to I	Filing Officer:
	J. HORNE
	- 12 2022

Office Use Only

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CAPITAL CO 417 E. Virginia Street, Su (850) 224-8870 • 1-800	nite I • Tallahassee	. Florida 32301	
Steinhatchee Self Sto	rage LLC		
		· ·	
			_
		<u></u>	Art of Inc. File
		· · · · · · · · · · · · · · · · · · ·	LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
Signature			Vehicle Search
-			Driving Record
Requested by: SETH	07/00/02		UCC 1 or 3 File
<u>. </u>	07/29/22		UCC 11 Search
Name	Date	Time	UCC 11 Retrieval
Walk-In	Will Pick Up		Courier

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	gistration Sectio vision of Corpor	ations		
SUBJECT:		Steinhalcu	e Self Stura	ne UC
			ed Liahility Company	
The enclose	d Articles of Am	endment and fee(s) are subm	nitted for filing.	
Please returi	n all corresponde	nce concerning this matter to	o the following:	
			Name of Person	
			Firm/Company	
			Address	
			City/State and Zip Code	
	-	E-mail address: (1	o he used for future annual repo	ort notification)
For further i		erning this matter, please ca	11:	
	Stever	, Yale	ar (813)	504-4395
	Name of Pe	rson	Area Code	Daytime Telephone Number
Enclosed is a	a check for the fe	ollowing amount:		
□ \$25.00 F	Filing Fee 1	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclos)	 \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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STREET/COURIER ADDRESS:

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Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

	S OF AMENDMENT TO OF ORGANIZATIO	N 2022 AUG ED TALECRE PH 2:41 ULC STATERY OF 2:41
AKIICELS	OF	SE AUG ISD
		ALCOCIA PH
Steinhatchee.	self Sturage	LLC SSA OF 241
(Name of the Limited Liabilit (A Florida	y Company as it now appears on o Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Co	ompany were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	,
Sunlo Storage	Steinhatchee LL	C
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	<u> </u>	
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		records, enter the name of the new
	<u></u> _	
Name of New Registered Agent:		
	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida stra	ret address
	City	, Florida Zip Code
		-1

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

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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

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<u>Title</u>	Name	Address	Type of Action
MGR	Long-Kar Yiu	16006 Gatwick Ct Tampo FC 33647	DAdd
		Tampa FL 33647	PARemove
,		16006 Gatwick ct	Change
MGR	Majulah Investmenticul	Tampa FC 33647	25 Add
			Remove
			Change
MGR	Steven Yole	2918 W BAY COURT ALC	Dbh 🗆
		Tampa FC 33611	🛱 Remove
			Change
MGR	Maring Waisman	2918 W Bay court	🗆 Add
		Ave Tampa FL 33611	_ Remove
	A A A A A A A A A A A A A A A A A A A	17407 Bridge Hill + suite /	} □ Change
MGR	YLC Holdings LLC	Tampa, FL 33647	B Add
			C Remove
			Change
			DAd
	·		_ Remove
			_□ Change

— / .		Address	Type of Action
<u>Tide</u> MGR	Name KL6 Storage Monogement LLC	Laly v Bay Court Are Tampa FC 33611	🖸 Add
		Tampa FC 33611	🛛 🛛 Remove
			Change
MGR	Liberty Capital Group CLC	2918 W BAY COUF+	K Add
		Ave Tampa FC 33611	Remove
			Change
			🗆 Add
			_ Remove
			_□ Change
			_🛛 Add
			_ Remove
			_□ Change
			_🗆 Add
			_ Remove
			_ Change
			_ Add
	-		🗆 Remove
	-		Change

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

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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 July 30th 2022. Stean CAR Signature of a member or authorized representative of a member Steven Yale Typed or printed name of signee

Page 4

Filing Fee: \$25.00