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## **COVER LETTER**

TO: Registration S Division of Co			· · · ·
	'AY PORTABLE STORAGE, I	LLC .	
SUBJECT: '	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Paul A. Feikema		
		Name of Person	
	Hide-Away Storage		
		Firm/Company	
	1813 Manatee Ave W		
		Address	<del></del>
	Bradenton, Florida 34205		
	1010	City/State and Zip Code	
	paul@hideawaystorage.com E-mail address; (t	i to be used for future annual report notit	leation)
For further information of	concerning this matter, please ea	all:	
Paul A. Feikema		941 232-2567	
Name o	of Person	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 Fee & Certified Copy (additional copy is enclosed)	☐ \$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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

HIDE-AWAY PORTABLE STORAGE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{06/09/2022}{1}$ \_\_\_\_ and assigned Florida document number L22000264323 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 1813 Manatee, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 1813 Manatee Ave W Enter new principal offices address, if applicable: Bradenton, FL 34205 (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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Paul A. Feikema Name of New Registered Agent: 1813 Manatee Ave W. New Registered Office Address: Enter Florida street address Bradenton Cin

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 familian with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, had ocument 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>	Name	Address	Type of Action
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		<del></del>	□Remove
			[]]Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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 \_\_\_\_September 16. 2022 Signature of a member or authorized representative of a member Paul A. Feikema Typed or printed name of signee

Filing Fee: \$25.00