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## **COVER LETTER**

Div	ision of Corpo	orations	
SUBJECT.	AMERICAN	STORAGE & RV PARKING LLC	
SUBJECT:		Name of Limited Liability Company	
The enclosed	l Articles of Ai	amendment and fee(s) are submitted for filing.	
Please return	all correspond	dence concerning this matter to the following:	
		Timothy W Bowser	
		Name of Person	
		AMERICAN STORAGE & RV PARKING LLC	
		Firm/Company	
		PO Box 91516	
		Address	
		Lakeland, FL 33804	
		City/State and Zip Code  American Storage 292 e gmail: Com  E-mail address: (to be used for future annual report notification)	Status & y
For further in	nformation con	neerning this matter, please call:	
Timothy W	Bowser	at (863) 412-7734	
	Name of P	Person Area Code Daytime Telephone Number	
Enclosed is a	check for the	e following amount:	
□ \$25.00 F	Piling Fec	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee & ☐ Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	atus &
<u>Ma</u>	iling Address:	<u>Street Address:</u>	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

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

AMERICAN STORAGE & RV PARKING 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  $\frac{8/1/2022}{1}$ and assigned Florida document number \_\_\_\_\_L22000338419 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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	TIMOTHY W BOWSER	6078 SUNSET VISTA DR	<b>=</b> Add
		LAKELAND, FL 33812	□Remove
			□Change
			□Add
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			Change
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			□Change
		<del></del>	□Add
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Effective date, if other than the difference of the date is listed, the date must be Note: If the date inserted in this blood document's effective date on the Dep	e specific and canno k does not meet th	ie applicable sta	of filing or more than stutory filing requi	(optional 190 days after filin rements, this dat	g.) Pursuant to 605.	.0207 ed as
e record specifies a delayed effective ed is filed.	date, but not an eff	ective time, at	12:01 a.m. on the	earlier of: (b) T	The 90th day after	the
Dated Aug 11th		<u>.</u> .				
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Filing Fee: \$25.00