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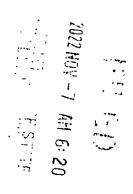
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COVER LETTER

TO: Registration Se Division of Cor			
	Storage LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Nicholas A. Dupre		
		Name of Person	 _
	Stanfield & Dupre, PLLC		
		Firm/Company	
	1095 EVERGREEN CIRC	'LE #200	
		Address	
	THE WOODLANDS, TX	77380	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
LISE TRESP		. 832 482-4622	
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	ntion
Registration S Division of C		Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FP Legends Storage LLC

2022 MOV -7 AM 6: 20

(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 October 10, 2022 __ and assigned Florida document number 1.22000436941 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 "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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Ryan Steinolfson Name of New Registered Agent: 239 Caravelle Dr. New Registered Office Address: Enter Florida street address Jupiter City

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	Ryan Steinolfson	239 Caravelle Dr.	□ Add
		Jupiter, FL 33458	□Remove
			■ Change
MGR	Alex Love Li	6067 Quiet Glow Ave	□ Add
		Las Vegas, NV 89139	□Remove
		<u> </u>	
			□ Add
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ffective date, if other than the an effective date is listed, the date in fote: If the date inserted in this ocument's effective date on the	iust be specific a block does not	nd cannot be pri meet the appl	or to date of filing o icable statutory f	or more than 90 days iling requirements	after filing.) Pursuant to	o 605,0207 (e listed as (
record specifies a delayed effec f is filed.	tive date, but n	ot an effective	time, at 12:01 a.	m. on the earlier o	of: (b) The 90th day	after the
November 2		2022				
	/		_ ·			
		J				

Typed or printed name of signee