2/10/23, 10:12 AM

Division of Corporations



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H230000539363ABC+

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : KATZ BASKIES & WOLF PLLC

Account Number : I20080000071 Phone : (561)910-5700 Fax Number : (561)910-5701

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: +homas, katza Katzbaskus Com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DELAND STOR-ALL, LLC

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COVER LETTER

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DELA	ND STOR-ALL, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Article	s of Amendment and fee(s) are sub	omitted for filing.	
Please return all corr	respondence concerning this matter	to the following:	
	THOMAS O. KATZ		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	KATZ BASKIES & WOL	F PLLC	
		Firm/Company	
	3020 NORTH MILITARY	TRAIL SUITE 100	
		Address	
	BOCA RATON, FL 3343	11	
	thomas katz@katzbaskies o	City/State and Zip Code	
	Name of Person KATZ BASKIES & WOLF PLLC Firm/Company 3020 NORTH MILITARY TRAIL SUITE 100 Address BOCA RATON, FL 33431 City/State and Zip Code thomas katz@katzbaskies.com: E-mail address: (to be used for future annual report notification) er information concerning this matter, please call: O. Katz Name of Person Name of Person Daytime Telephone Number is a check for the following amount:		
For further informati	ion concerning this matter, please o	eall:	
Thomas O. Katz		561 910-57 0 0	
Na	Name of Corporations ELAND STOR-ALL, LLC Name of Limited Liability Company riticles of Amendment and (ec(s) are submitted for filing. correspondence concerning this matter to the following: THOMAS O. KATZ Name of Person KATZ BASKIES & WOLF PLLC Firm/Company 3020 NORTH MILITARY TRAIL SUITE 100 Address BOCA RATON, FL 33431 City/State and Zip Code thomas katz@katzbaskies con: E-mail address: (to be used for future annual report notification) remation concerning this matter, please call: Z Area Code Name of Person Area Code Daytime Telephone Number seck for the following amount: Ing Fee S30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Registration Section Division of Corporations 30x 6327 Bassee, FL 32314 2415 N. Monroe Street, Suite 810		
Enclosed is a check	for the following amount:		
≅ \$25.00 Filing Fe	_	Certified Copy	Certificate of Status & Certified Copy
Registrati Division P.O. Box	on Section of Corporations 6327	Registration Sec Division of Cor The Centre of T 2415 N. Monro	porations fallahassee e Street, Suite 810

H23000053936 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DELAND STOR-ALL, LLC		
(Name of the Limited Liability Comp. (A Florida Limited	toy as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on February 9, 2023	and assigned
Florida document number L23000061513		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
STOR-ALL DELAND, LLC		
The new name must be distinguishable and contain the words "Limited Linbi	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)		
.		
Enter new mailing address, if applicable:		
(Malling 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:	<u> </u>	, -
agent undroff the new registered office address here.		2023
N. C. D. C. L.		a
Name of New Registered Agent:		
New Registered Office Address:		O
	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registored 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

MGR = Manager

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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:

			Type of Action
			□Add
			□Remove
			□Change
			□ Add
			Remove
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			□Add
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			□ Add
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			□Add
			□Remove

__ Change

If amending any other information	on, enter change(s) here:	(Attach additional she	ets, if necessary.)	
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Effective date, if other than the date in listed, the date must be Note: If the date inserted in this block document's effective date on the Dep	k does not meet the applical	o date of filing or more than S ble statutory filing require	(optional) Odays after filing.) Pursuant to 6 sments, this date will not be l	505.0207 (3 isted as th
ne record specifies a delayed effective of ord is filed.	date, but not an effective tim	ne, at 12:01 a.m. on the ea	rlier of: (b) The 90th day a	fler the
February 10	2023	<u>.</u>		
 -	~ 00°-t	_		
	grature of a member or author	ized representative of a men	iber	
Thomas O. Vt., A. G. C.	Decementation			
Thomas O. Katz, Authoriz		I name of signee		

Filing Fee: \$25.00