

L23000109498

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

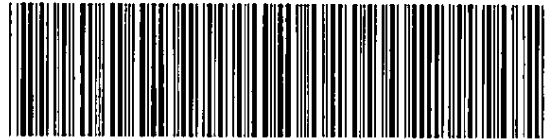
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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CLERK OF SUPERIOR COURT  
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JANUARY 1, 2004

A. BUTLER  
NOV 30 2023

**CT CORP**  
**(850) 656-4724**  
**3558 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 11/29/2023

Acc#I20160000072

*en: c DW*

Name:	PERSONAL MINI STORAGE KISSIMMEE, LLC
Document #:	
Order #:	15238770

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>	Email Address for Annual Report Notifications: <div></div>
	Plain: <input checked="" type="checkbox"/>	
	COGS: <input type="checkbox"/>	

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **25.00**

Thank you!

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PERSONAL MINI STORAGE KISSIMMEE, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cheyenne West

Name of Person

NATIONAL STORAGE AFFILIATES

Firm/Company

8400 E PRENTICE AVE FL 9

Address

GREENWOOD VILLAGE, CO 80111-2912

City/State and Zip Code

ct-statecommunications@wolterskluwer.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheyenne West 720 630 - 2158  
at ( )  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED

2023 NOV 29 PM 12:09

File

F1054-12/16/2021 Walters Kluwer Online

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**

[illegible]

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 November 28, 2023

Signature of a member or authorized representative of a member

Tiffany S. Kenyon  
Typed or printed name of signee ( )

FL055-1216 2021 Wolters Kluwer Online

## **Officers and Directors Details**

Address for all: 8400 East Prentice Avenue, 9th Floor, Greenwood Village, CO 80111

<b>Name</b>	<b>Title</b>
Arlen D. Nordhagen	– Authorized Person
Tamara D. Fischer	– Authorized Person
Brandon S. Togashi	– Authorized Person
David G. Cramer	– Authorized Person
William S. Cowen	– Authorized Person
Tiffany Kenyon	– Authorized Person
Derek Bergeon	– Authorized Person