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Date:

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Name:	PERSONAL MINI STORAGE WINTER GARDEN, LLC		
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	Thank you
	(Thank you!)

COVER LETTER

TO: Registration Section Division of Corporations

PERSONAL MINI STORAGE WINTER GARDEN, LLC

SUBJECT: ____

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	20

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

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

S25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status S55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 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 <u>Street Address:</u> 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

PERSONAL MINI STORAGE WINTER GARDEN, 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 <u>03/09/2023</u> and assigned Florida document number <u>L23000109602</u>

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)	0, T <u>D</u>
	i.)

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres.	S
	, Flo	orida
	City	Zip Code

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>	Name	Address	Type of Action
	SEE ATTACHED		🗆 Add
		. <u> </u>	🗆 Remove
			Change
			🗆 Add
			🗌 Remove
			🗆 Remove
			Change
			🗆 Add
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			□Change
			🗆 Add
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: ______ (optional)

(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) 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.

Marenter 2 Dated _ Signature df a member or authorized representative of a member -any S. Kanyon yped or printed name of signee y

• • • • •

Officers and Directors Details

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

Name Title	
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	

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