# L23000109673

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900418863279

3 NOV 29 AM 9:

023 KOV 29 AM 10: 5

RECEIVED

### **CT CORP**

### (850) 656- 4724 3558 lakesore Drive Tallahassee, FL 32312

D	ate:	11/29/2023	- 4: 1 DW
		Acc#I20160000072	4 C > V
Name:	EXTRA CLO	SET LEESBURG, LL	.C
Document #:			
Order #:	15238770		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of			
Apostille/Notarial Certification:		Country of Destination:  Number of Certs:	
Filing: 🚺	Certified: Plain: COGS:	✓ ✓	Email Address for Annual Report Notifications:
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$	25.00	

Thank you!



November 30, 2023

CT

SUBJECT: EXTRA CLOSET LEESBURG, LLC

Ref. Number: L23000109673

We have received your document for EXTRA CLOSET LEESBURG, LLC and your check(s) totaling S. However, the enclosed document has not been filed and is being returned for the following correction(s):

Indicate the type of action for the attached page. Note this is an LLC you listed Officers/Directors you should correct to Authorized Person(s) detail.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan Regulatory Specialist III

Letter Number: 523A00027369

RECEIVED 23 DEC -1 PM 2:0

www.sunbiz.org

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED OF

2023 NOV 29 AM 9: 03

EXTRA CLOSET LEESBURG, LLC		1010 1101 45	ALI 3- QU
(Name of the Limited Liability Company as (A Florida Limited Liabili	it now appears on ly Company)	TALLAHASSEE	FLORIDA
The Articles of Organization for this Limited Liability Company were	filed on 03/09/	2023	and assigned
Florida document number 1.23000109673			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability of	company here:		
The new name must be distinguishable and contain the words "Limited Liability Co	mpany," the design	nation "LLC" or the al	obreviation "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 agent and/or the new registered office address here:	ess on our reco	rds, <u>enter the nan</u>	ne of the new registered
Name of New Registered Agent:		<u>.</u>	
New Registered Office Address:			
	Enter Florida :	street address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete performancept the obligations of my position as registered agent as provide being filed to merely reflect a change in the registered office addressmany has been notified in writing of this change.	ormance of my ded for in Cha <sub>l</sub>	duties, and I am j pter 605, F.S. Or,	familiar with and if this document is

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>	<u>Address</u>	Type of Action
	SEE ATTACHED		□Add
			☐Remove
			□Change
			\ \_Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		<u></u>	□Change
			□Add
			□Remove
			Change
			□Remove
			Change

		<del></del>	·		
			<del></del>		<del></del>
		<u></u>		<del></del>	
					<del>_</del>
•	-				
<del></del>					. 72
					2 ( <b>2</b>
		<u> </u>		···	5
					2023 NOV 29 AM 9: 03
					mg Z
					9: 03 STATE LORNO
					DE S
		<u></u>			
				<u></u>	
			<del></del> .		<del>_</del>
fective date, if other	than the date of filir	ıg:		(optional)	0
ite: If the date inserte	the date must be specific and in this block does not	meet the applicable	statutory filing requir	ements, this date w	rill not be listed a
cument's effective dat	e on the Department of	State's records.			
ecord specifies a delay	red effective date, but no	ot an effective time.	at 12:01 a.m. on the e	arlier of: (b) The	90th day after the
is filed.	,	,			·
1	.1. 19	1101			
ited <u>//access</u>	user 20	. <u>2020</u>	,		
	11 K &	X NUXU			
	SLII	1 0 1	d representative of a me		

Filing Fee: \$25.00

### **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