

L23000109673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

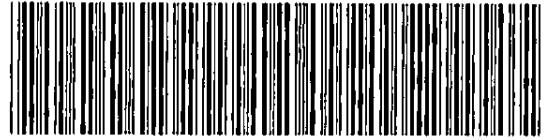
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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FILED
2023 NOV 29 AM 9:02
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

RECEIVED
2023 NOV 29 AM 10:57
TALLAHASSEE, FLORIDA
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CT CORP
(850) 656-4724
3558 lakesore Drive
Tallahassee, FL 32312

Date: 11/29/2023

Acc#120160000072

eric DW

Name:	EXTRA CLOSET LEESBURG, 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"/>
	Plain: <input checked="" type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

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

Amount: \$ **25.00**

Thank you!



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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 \$. 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

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TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2023 NOV 29 AM 9: 03

EXTRA CLOSET LEESBURG, LLC

(Name of the Limited Liability Company as it now appears on our records), STATE OF FLORIDA
(A Florida Limited Liability Company) TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/09/2023 and assigned
Florida document number 123000109673.

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 "L.L.C." 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:

Name of New Registered Agent:

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 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>	<u>Address</u>	<u>Type of Action</u>
_____	SEE ATTACHED	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

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TALLAHASSEE, FLORIDA

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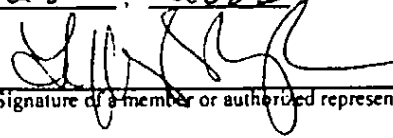
E. Effective date, if other than the date of filing: _____ (optional)

(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.

Dated November 28, 2023


Signature of a member or authorized representative of a member

Tiffany S. Kenyon
Typed or printed name of signee

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