# 721

(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



100418863171

2023 KOV 29 AM ID: 58

## **CT CORP** (850) 656-4724 3558 lakesore Drive

Tallahassee, FL 32312

D	ate:	11/29/2023	- w: C > W
		Acc#I20160000072	- William
Name:	MINI STOR	AGE OF DELAND, 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:	2021 NOV 29 PM 2 SECRITIVEY OF S
Certification.		Number of Certs:	- 12
Filing: 🕢	Certified: Plain: COGS:		Email Address for Annual Report Notifications:
Availability  Document  Examiner  Updater  Verifier  W.P. Verifier  Ref#	Amount:	\$ 25.00	

Thank you!

### **COVER LETTER**

TO: Registration S Division of Co				
	ORAGE OF DELAND, LLC			
SUBJECT:	Name of Lim	ited Liability Company	<del></del>	
The enclosed Articles o	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	oondence concerning this matter	to the followin;3:		
	Cheyenne West			
		Name of Person		
	NATIONAL STORAGE	AFFILIATES		
		Firm/Company		
	2023 NOV 29 SECRETAR			
		Address		
	GREENWOOD VILLAGE, CO 80111-2912			
		City/State and Zip Code		
	ct-statecommunications@w	olterskluwer.com to be used for future annual report notification)		
For further information	concerning this matter, please c		( - 1	
Cheyenne West	3	720 630 - 2158		
Name of Person		at ()	one Number	
Enclosed is a check for	the following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	Street Address: Registration Section Division of Corporation The Centre of Tallahas 2415 N. Monroe Street Tallahassee, FL 32303	ssee t, Suite 810	

TO:

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MINI STORAGE OF DELAND, 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 03/09/2023 and assigned Florida document number 1.23000109721 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) 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

#### 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>	Address	Type of Action
	SEE ATTACHED		□Add
			□Remove
			Change
			□Remove
			Change
<del></del>			SE PAND
			SECRETI/E
			Change - DAdd
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

5 -12/16/2021 Welters KI

### **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