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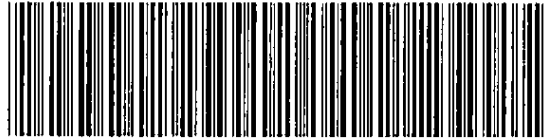
(Business Entity Name)

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3558 lakesore Drive
Tallahassee, FL 32312

Date: 11/29/2023

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W: C DW

Name:	PERSONAL MINI STORAGE FOREST CITY RD., LLC
Document #:	
Order #:	15238770

Certified Copy of Arts & Amend:	<input type="checkbox"/>	<div>2023 NOV 29 PM 2:18 SECRETARY OF STATE TALLAHASSEE, FL</div>	
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Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PERSONAL MINI STORAGE FOREST CITY RD., 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)

SECRETARY OF STATE
TALLAHASSEE, FL

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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:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 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

Street Address:

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 FOREST CITY RD., 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 1.23000109776.

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 "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
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100

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.

Dated November 28, 2023

Tiffany S. Kenyon
Typed or printed name of signee U

1055-12/14/2021 | Wolters Kluwer | Online

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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SECRETARY OF STATE
TAMARA FISCHER