623000122874

(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



000410564090

06/14/23--01013--001 **25.00



COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	OSTON CAPA	TAL, LLC nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Heid Boston	i PRENDES Name of Person CAPITAL, L	-LC 3	
	/2200	SW 117 AVE		
	Miami, HPRENCE E-mail address:	FL 33186 City/State and Zip Code OES © A PLUSMIN To be used for future annual report noti	Ni.com fication)	
For further information of				
Heidi P. Name o	RENDES of Person	at (<u>305)</u> 23 Area Code Daytim	2 - 7/98 e Telephone Number	
Enclosed is a check for t	Solutional copy is enclosed) Solutional copy is enclosed)			
\$ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	
Mailing Addre Registration Division of O P.O. Box 632 Tallahassee.	Section Corporations 27	Registration Sec Division of Cor The Centre of T	porations allahassee e Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited)	inv as it now appears on our recor Liability Company)	r <u>ds.)</u>	
The Articles of Organization for this Limited Liability Company	were filed on $03/09$	2023 and assigned	
Florida document number <u>L Q 3 000 122</u> 8;	74 '		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LL		
Enter new principal offices address, if applicable:		2023	
(Principal office address MUST BE A STREET ADDRESS)		الم الله الله الله الله الله الله الله ا	
Enter new mailing address, if applicable:		<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
B. If amending the registered agent and/or registered office a	address on our records, <u>ente</u>	r 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 addre	ess	
	, Florida Cuy Zip Code		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, a provided for in Chapter 605	and I am familiar with and , F.S. Or, 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

Title	<u>Name</u>	Address	Type of Action
<u>AMB</u> R	A+ MiniSTORAGE Ai	RPORT EAST, LLC 12200 SW 117 AVE	iZIAdd
		MIAMI, FL 33/86	□Remove
			□Change
			□Add
			□Remove
		·	Change
			DAdd I
		•	Remove
			□Add
			□Remove
		1017-108	□Change
			□Add
			□Remove
			□Change
	·····		□Add
			DRemove
			□Change

			-
-	· · · · · · · · · · · · · · · · · · ·		=
-			-
_			-
_			•
_			_
_			_
_		7023	_
-		الله الله الله الله الله الله الله الله	-
			2.78 5.67
_		1-2 	_ ; }
		: *	,
			_
_	181		-
_			-
_		<u>.</u> .	-
_			
(if an effi	ve date, if other than the date of filing: 6/3/2023 (optional period to date of filing or more than 90 days after till after the date inserted in this block does not meet the applicable statutory filing requirements, this department's effective date on the Department of State's records.	ing.) Pursuant to 60.	5.0207 (3 ted as th
Note: docum			se tha
docum	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) ed.	The 90th day after	or uic
docum		The 90th day after	ar uic
docum	ed.	The 90th day afte	ar uic

Filing Fee: \$25.00