

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L230002934146

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000293433 3))



H230002934334001

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : VENERABLE CORPORATE AND TRUST SERVICES, LLC
Account Number : 120210000107
Phone : (813)284-4727
Fax Number : (813)436-8460

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: notices@venerable.law

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
STORAGE IQ CONSULTING, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED

2023 AUG 23 PM 4:55

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2023 AUG 23 AM 7:25

APPROVED
AND
FILED

Electronic Filing Menu

Corporate Filing Menu

Help

AUG 24 2023

K. Brumbley

COVER LETTER

**TO: Registration Section
Division of Corporations**

STORAGE IQ CONSULTING, LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

JASON SAMPSON

Name of Person

Venerable Corporate and Trust Services, LLC

Firm/Company

301 West Platt Street, No. 657

Address

Tampa FL 33606

City/State and Zip Code

jsampson@venerable.law

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Sampson

813

284-4727

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

STORAGE IQ CONSULTING, 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 05/24/2023 and assigned
Florida document number L23000254146.

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.

Jason Sampson
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>
MGR	BAKSA, RON	5107 ADMIRAL POINTE DR	<input type="checkbox"/> Add
		APOLLO BEACH, FL 33572	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PICKRELL, GLENN	5107 ADMIRAL POINTE DR	<input type="checkbox"/> Add
		APOLLO BEACH, FL 33572	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CHISHOLM, BRUCE	5107 ADMIRAL POINTE DR	<input type="checkbox"/> Add
		APOLLO BEACH, FL 33572	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Self Storage Consulting, LLC	30 N. Gould Street	<input checked="" type="checkbox"/> Add
		Suite R	<input type="checkbox"/> Remove
		Sheridan, WY 82801	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

