

L23000218163

Florida Department of State
Division of Corporations
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CONDEV STORAGE PINEDA, LLC**

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CONDEV STORAGE PINEDA, 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:

Brian A. Mills, Esq.

Name of Person

Maynard Nexsen PC

Firm/Company

200 E. New England Avenue, Suite 300

Address

Winter Park, FL 32789

City/State and Zip Code

bmills@maynardnexsen.com

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

For further information concerning this matter, please call:

Brian A. Mills, Esq.

407

637-3421

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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CONDEV STORAGE PINEDA, 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 06/08/2023 and assigned
Florida document number L23000278163.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CONDEV STORAGE INVESTORS AT STADIUM, LLC

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

City, Florida

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

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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>
_____	_____	_____	<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
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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

Attached is a copy of a consent under Florida Statutes, 607.1405(5),

permitting the immediate assumption or use of the name.

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

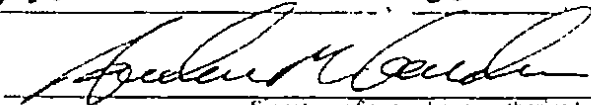
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 21, 2023



Signature of a member or authorized representative of a member

Andrew M. Gardner

Typed or printed name of signee

Filing Fee: \$25.00

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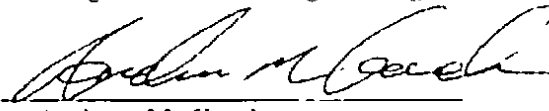
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**CONSENT OF ASSUMPTION OR USE OF
CONDEV STORAGE INVESTORS AT STADIUM, LLC
PURSUANT TO 607.1405, FLA. STAT**

The undersigned, being an authorized director/officer of **Condev Storage Investors at Stadium, LLC**, a Florida limited liability company, filed with the Florida Division of Corporation on November 15, 2023, with a document number of L23000516847, pursuant to 607.1405, Fla. Stat, do hereby consent to permitting the immediate assumption or use of the name "**Condev Storage Investors at Stadium, LLC**" by **Condev Storage Pineda, LLC**, a Florida limited liability company with a document number of L23000278163, upon the effective date of dissolution of **Condev Storage Investors at Stadium, LLC**.

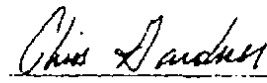
IN WITNESS WHEREOF, the authorized director/officer has executed this Consent of Assumption or Use of Condev Storage Investors at Stadium, LLC, pursuant to 607.1405, Fla. Stat as of November 20, 2023.

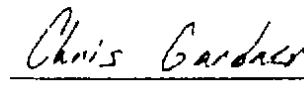
Condev Storage Investors at Stadium, LLC,
by its manager, Condev Storage Management LLC

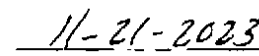
By: 
Name: **Andrew M. Gardner**
Title: Manager and Authorized Representative

Certificate of Secretary

The undersigned hereby certifies that s/he is the **Condev Storage Investors at Stadium, LLC**, a limited liability company organized and existing under the laws of the State of Florida; that the foregoing is a true and correct copy of a consent duly authorized by the authorized person(s) of **Condev Storage Management LLC**, as manager of **Condev Storage Investors at Stadium, LLC**, on November 20, 2023.


Signature


Printed Name


Date

Corporate Seal:

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