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COVER LETTER

TO: Registration Section **Division of Corporations** FLAGSHIP STORAGE ASSOCIATES RIDGE, LLC SUBJECT: 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: THEODORE A. BOLIN Name of Person FLAGSHIP STORAGE ASSOCIATES BVCS, LLC Firm/Company 1190 BUSINESS CENTER DR., STE 2000 Address LAKE MARY, FL 32746 City/State and Zip Code JMURRAY@FLAGSHIPCG.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JACQUELINE MURRAY 246-1144 EXT 3729 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & **■** \$60.00 Filing Fee. Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (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

FLAGSHIP STORAGE ASSOCIATES RIDGE, 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 $\frac{6/26/2023}{2}$ and assigned Florida document number _ 123000306319 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: FLAGSHIP STORAGE ASSOCIATES BVCS, LLC 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

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.

City

, Florida _

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>	Type of Action
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Note: If the date inserted in this be document's effective date on the E f the record specifies a delayed effective date of the record is filed. OCTOBER 5	Department of State's records. Eve date, but not an effective time, at 12	2:01 a.m. on the earlier of: (b)	

Filing Fee: \$25.00