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oun nec		ELLAS STORAGE AND TRUCK RENTAL LLC				
SUBJEC	1;	Name of Lin	nited Liability Company	 		
The enclo	sed Articles of	Amendment and fee(s) are sul	omitted for tiling.			
Please ret	urn all correspo	ondence concerning this matter	to the following:			
		HAJRO SULJIC				
			Name of Person		•	
		PINELLAS STORAGE A	AND TRUCK RENTAL LLC			
			Firm/Company		v, 🔁	
		7055 54TH STREET NO	RTI l		k 87 / 315 kg. 81 RYF 1202	
			Address			
		PINLLAS PARK, FL 337	81			
City/State and Zip Code SULJICTARZO@GMAIL.COM					PH 2: 34	
		E-mail address:	to be used for future annual report notific	cation)	•	
For furthe	r information c	oncerning this matter, please of	eali:			
HAJRO S	SULIIC		727 637-3174			
	Name o	f Person	at () Area Code Daytime	Telephone Number	.	
Enclosed i	is a check for th	ne following amount:				
■ \$25.00	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	
	lailing Addres		<u>Street Address:</u> Registration Sect	ion		
Division of Corporations			Division of Corporations			
	P.O. Box 632 Tallahassee, I		The Centre of Ta 2415 N. Monroe		10	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PINELLAS STORAGE AND TRUCK RENTAL LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number $\frac{7/13/23}{}$ 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 "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

If Changing Registered Agent, Signature of New Registered Agent

, 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>	Address	Type of Action
AMBR	DRAGAN SAVIC	7055 54TH STREET NORTH	■ Add
		PINELLAS PARK , FLORIDA 33781	□Remove
			□Change
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			Remove
			SE Change
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Effective date, if other than (If an effective date is listed, the date	the date of fil	ling:		or more than 90 o	_ (optional lays after filin		o 605.0207 (
Note: If the date inserted in thi document's effective date on the	is block does no	ot meet the appli	cable statutory				
ne record specifies a delayed effeord is filed.	ective date, but i	not an effective	time, at 12:01 :	a.m. on the earli	erof; (b) - T	he 90th day	after the
01/08 Dated		2024					
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Typed or printed name of signee