To: 18506176383

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.

(((H24000031386 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MY STORAGE ST. LUCIE LLC

Certificate of Status	0	
Certified Copy	0	
Page Count	01	
Estimated Charge	\$25.00	

Electronic Filing Menu Corporate Filing Menu

S. ROUTRIS Help JAN 2 4 2024

Fax: 8134365206

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MY STORAGE ST. LUCIE LLC		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	iy as it now appears on our reco lability Company)	<u>ords.</u>)
The Articles of Organization for this Limited Liability Company vi Florida document number L23000450047	were filed on 09/28/23	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "L	LC" 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 adagent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	ddress on our records, <u>ent</u>	
		Florida
	City	Florida Zıp Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as po- being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, rovided for in Chapter 60.	and I am familiar with and 5, F.S. Or, if this document is

1/23/2024 13:17:45 PST

To, 18506176383

Page: 3/4

From: Registered Agents Inc.

Fax: 8134365206

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	REZVANIAN, CYRUS	10565 ARCOLE CRT	
		WELLINGTON, FL 33449	☑Remove
			□Change
AMBR	SEAWALLS OF AMERICA LLC	10565 ARCOLE CT	ØAdd
		WELLINGTON, FL 33449	□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			URemove
			□Change
			□ Add
			□Remove
			C. C.

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Effective data if other than	s the date of filing:		(ontional)	
E. Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in the document's effective date on the	his block does not meet the	applicable statutory filing	ore than 90 days after filing.) Pursuan g requirements, this date will not	t to 605,0207 (3)(be listed as the
f the record specifies a delayed et ecord is filed.	fective date, but not an effec	ctive time, at 12:01 a.m. o	in the earlier of: (b) The 90th d	ay after the
Dated	. 2024	<u></u> ,		
	1	o forest		
	17.1.	2 4-55 2 4 2		

Typed or printed name of signee