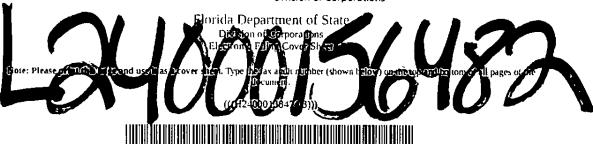
Division of Corporations



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To:

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

From:

Account Name : REGISTERED AGENTS INC.

To: 18506176383

Account Number : 120090000081 : (367)200-2803 : (813)436-5206

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

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SUPER SPACE STORAGE LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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his amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: UPRA STORAGE LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	(Name of the Limited Li. (A Fi	ability Company as it now appears on o orda Limited Liability Company)	our records.)
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	3. If amending the registered agent and/or regist	ered office address on our record	
	Name of New Registered Agent:		
Name of New Registered Agent:			
	Now Registered Office Address		
Name of New Registered Agent: New Registered Office Address: Enter Florida street address	New Registered Office Address:	Enter Florida str	eet address
New Registered Office Address:	New Registered Office Address:	Enter Florida str	

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.

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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>	Address	Type of Action
AMBR	GABRIEL, PHILIPPE	7901 4TH ST N STE 300	□Add
		ST. PETERSBURG, FL 33702	☑Remove
			Change
AMBR	Philippe Mc Carthy GABRIEL	7901 4TH ST N STE 300	₽Add
		ST. PETERSBURG, FL 33702	Remove
			Change
			□Remove
			(1) Change
			□Remove
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cord specifies a delayed effective is filed.			on the earlier of: ()	o) The 90th day afte	er the
	2024				
ed April 16	 ,				
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