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D. SCOTT MOV 8 2016

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Tallahassee, FL 32314

TO: Registration Se Division of Cor					
	on Executive Center, L.C.				
SUBJECT:	Name of Lim	ited Liability Compan	у	· · · · · · · · · · · · · · · · · · ·	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:	•		
	Paul S. Gravenhorst				
		Name of Perso	n		
	Holland & Knight LLP				
		Firm/Compan	у		
515 East Las Olas Blvd., Suite 1200					
		Address		· · · · · · · · · · · · · · · · · · ·	
	Ft. Lauderdale, Florida 33	301			
		City/State and Zip	Code		
	paul.gravenhorst@hklaw.co				
		to be used for future a	nnual report notifica	tion)	
For further information of	concerning this matter, please co	all:		• •	
Paul Gravenhorst		954	468 7925	₩	
Name o	of Person	Area Code	e Daytime Te	elephone Number	- SECONE T
Enclosed is a check for t	he following amount:				弱了一
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Certified Co (additional copy	ру	■ \$60.00 Filing F Certificate of Certified Copy (additional copy)	Status & 2
Regist Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	Reg Div	REET/COURIER gistration Section vision of Corporation fton Building		

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Brandon Executive Center, L.C.	
(Name of the Limited Lia (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number	Company were filed on December 8, 1997 and assigned
This amendment is submitted to amend the following	:
A. If amending name, enter the new name of the l	imited liability company here:
Discount Mini Storage of Tampa, LLC	
The new name must be distinguishable and contain the words "I	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 AD.	DRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered office address on our records, enter the name of the new ddress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
_	City , Florida Zip Gode

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

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

$\mathbf{AMBR} = \mathbf{A}$	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00