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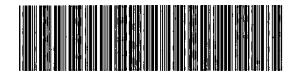
(Re	questor's Name)	
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Certified Copies	Certificates	of Status
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EXAMINER



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SECRETARY OF STATE

COVER LETTER

TO: Registration Section of Corp.			÷	
SUBJECT:	Access Sel	f Storage SE LLC		
		ted Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
		Hollis L. Henegar		
		Name of Person		
Access Self Storage SE LLC				
		Firm/Company		
	2	152 14th Circle North		
		Address		
	St.	Petersburg, FL 33713		
		City/State and Zip Code		
	hollyhe	enegar@designbuild.com o be used for future annual report notif	(ication)	
For further information cor	ncerning this matter, please c		indution,	
Hollis	L. Henegar	at (_727_)	327-1089	
Name of I	Person	Area Code & Daytim	e Telephone Number	
Enclosed is a check for the	following amount:	,		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Acce	ess Self Storage SE LI	LC		
(<u>Name of the Limited L</u> (A F	iability Company as it now app lorida Limited Liability Company	ears on our records.) /)		
The Articles of Organization for this Limited Lial	bility Company were filed on _	August 12, 1998	and assigned	
Florida document number L980000014	16			
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liability company h	<u>iere</u> :		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Com	npany," the designation "LL	C" or the abbreviation	
Enter new principal offices address, if applical	ala.		9	
• • •			<u>8 ×x</u>	
(Principal office address MUST BE A STREET	ADDRESS)			
			- 	
Enter new mailing address, if applicable:			3 4400	
(Mailing address MAY BE A POST OFFICE BOX)			ॐ ⋛ऽ	
indusing dualities MATE DE ATTOST OF THEE BO	<u></u>		- 1	
B. If amending the registered agent and/or registered agent and/or the new registered officers.		our records, enter the	e name of the new	
registered agent analyst the new registered only	te address here.			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	. Florida			
	City	,	Zip Code	

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Title **Name** <u>Address</u> **Type of Action** MGRM Clark H. Scherer, III 2152 14th Circle North __ Add St. Petersburg, FL 33713 Remove CHS Asset Holdings, LLC MGRM 2152 14th Circle North St. Petersburg, FL 33713 _ Remove Remove ___Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November 19 2009 Signature of a member or authorized representative of a member Clark H. Scherer, III Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00