1119000001255

(R€	equestor's Name)	<u> </u>
(Ac	idress)	
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(Cr	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	:12	14587

Office Use Only



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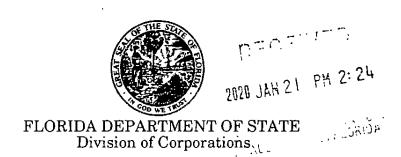
FILED

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JAN 22 2021 D CONNELL



January 20, 2021

CSC

RESUBMIT
Please give original

Please give original submission date as file date.

SUBJECT: SPRING HILL STORAGE II LLC

Ref. Number: M19000001255

We have received your document for SPRING HILL STORAGE II LLC and the authorization to debit your account in the amount of \$55.00. However, the document has not been filed and is being returned for the following:

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 921A00001206



January 15, 2021

RESUBMIT

CSC

Please give original submission date as file date.

SUBJECT: SPRING HILL STORAGE II LLC

Ref. Number: M19000001255

We have received your document for SPRING HILL STORAGE II LLC and the authorization to debit your account in the amount of \$55.00. However, the document has not been filed and is being returned for the following:

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell Regulatory Specialist II Supervisor

Letter Number: 121A00001049

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 613688 4304524

AUTHORIZATION

COST LIMIT : (\$ 55.00

ORDER DATE : January 13, 2021

ORDER TIME : 10:27 AM

ORDER NO. : 613688-015

CUSTOMER NO: 4304524

FOREIGN FILINGS

NAME: SPRING HILL STORAGE II LLC

CORPORATE
LIMITED PARTNERSHIP
LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: Spring Hill Storage II LLC
Enter new principal office 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)
MAY BE A POST OFFICE BOX)
2. The Florida document number of this limited liability company is: M19000001255
3. Jurisdiction of its organization: Delaware
4. Date authorized to do business in Florida: February 4, 2019
SECTION II (5-9 complete only the applicable changes)
5. New name of the limited liability company: N5 Spring Hill LLC
(must contain "Limited Liability Company, " "L.L.C.," or "LLC.")
If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name nust contain "Limited Liability Company," "L.L.C." or "LLC.")
6. If amending the registered agent and/or registered officer address on our records, enter the name of the new egistered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida Street Address
, Florida
lew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with he provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with nd accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this ocument is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited ability company has been notified in writing of this change.

3. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:				
itle/ Capacity	<u>Name</u>	Address	Type of Action	
			□Add	
			□Remo	
			□Add	
		 .	□Remov	
			□Add	
			□Remov	
			□Adđ	
			□Remov	
			□Add	
aforementioned ame	le law of which this entity is orga	the official having custody of records in the	□Remov	

Filing Fee: \$25.00

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "SPRING HILL STORAGE

II LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO

"N5 SPRING HILL LLC" ON THE ELEVENTH DAY OF JANUARY, A.D. 2021,

AT 6:50 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED

LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT

HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS

OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.



Authentication: 202280653 Date: 01-13-21

7248275 8320 SR# 20210102968