

8/7/23, 8:53 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H23000272997 3)))



H230002729973ABC8

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : COMPUTERSHARE
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

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

Email Address: _____

2023 AUG - 7 PM 12:33

RECEIVED

2023 AUG - 7 PM 11:00

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
STORAGE CAP OPERATIONS, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	09
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

AUG - 8 2023

T. LEMIEUX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STORAGE CAP OPERATIONS, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tricia Hoo

Name of Person

Firm/Company

330 E. Crown Point Road

Address

Winter Garden, FL 34787

City/State and Zip Code

thoo@storespace.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person at (⁴⁰⁷) ³⁰⁵⁻⁹⁴⁵⁰
Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- | | | | |
|------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------|

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: Storage Cap Operations, 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)

2. The Florida document number of this limited liability company is: M21000007608

3. Jurisdiction of its organization: Nevada

4. Date authorized to do business in Florida: 6/17/2021

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Real Capital Operations, 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 must 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 registered agent and/or the new registered office 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 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.

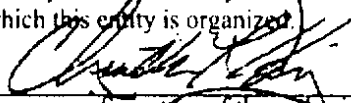
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Christopher Harris, Manager

Typed or printed name of signee

Filing Fee: \$25.00

FRANCISCO V. AGUILAR
Secretary of State

GABRIEL DI CHIARA
Chief Deputy

STATE OF NEVADA



**OFFICE OF THE
SECRETARY OF STATE**

*Commercial Recordings Division
202 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7138
North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888*

Business Entity - Filing Acknowledgement

08/01/2023

Work Order Item Number: W2023080100476 - 3062792
Filing Number: 20233385631
Filing Type: Amendment to Articles of Organization
Filing Date/Time: 08/01/2023 09:39:47 AM
Filing Page(s): 4

Indexed Entity Information:

Entity ID: E14616052021-3

Entity Name: Real Capital Operations, LLC

Entity Status: Active

Expiration Date: None

Commercial Registered Agent

CORPORATE CREATIONS NETWORK INC.

8275 SOUTH EASTERN AVENUE #200, Las Vegas, NV 89123, USA

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

A handwritten signature in black ink that reads "FV Aguilar".

FRANCISCO V. AGUILAR
Secretary of State



FRANCISCO V. AGUILAR
 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684-5708
 Website: www.nvsos.gov
www.nvsilverlume.gov

Filed in the Office of:	Business Number
<i>F. Aguilar</i>	E:14616052021-3
	Filing Number
	20233385631
Secretary of State	Filed On
State Of Nevada	08/01/2023 09:39:47 AM
	Number of Pages
	4

Limited-Liability Company:
Certificate of Amendment (PURSUANT TO NRS 86.216, 86.221 and 86.543)
Certificate to Accompany Restated Articles or Amended and Restated Articles (PURSUANT TO NRS 86.221)

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGHLIGHT

1. Entity information:	Name of entity as on file with the Nevada Secretary of State : <p style="text-align: center;">Storage Cap Operations, LLC</p> Entity or Nevada Business Identification Number (NVID) : NV20212099508
2. Restated or Amended and Restated Articles (Select one): (If restating or amending and restating, complete section 1, 2 and 6.)	<input type="checkbox"/> Certificate to Accompany Restated Articles or Amended and Restated Articles <input type="checkbox"/> Articles have been Restated <input type="checkbox"/> Articles have been Amended and Restated * Restated or Amended and Restated Articles must include with this filing type.
3. Type of amendment filing being completed: (Select only one box): (If amending, complete section 1,3,5 and 6.)	<input type="checkbox"/> Certificate of Amendment to Articles of Organization For a Nevada Limited-Liability Company Before Issuance of Member's Interest (Pursuant to NRS 86.216) The signers thereof are at least two-thirds of the <input type="checkbox"/> organizers or the <input type="checkbox"/> managers of the limited-liability company As of the date of the certificate, no member's interest in the limited-liability company has been issued. <input checked="" type="checkbox"/> Certificate of Amendment to Articles of Organization For a Nevada Limited-Liability Company (Pursuant to NRS 86.221) The limited-liability company is managed by <input checked="" type="checkbox"/> Managers or <input type="checkbox"/> Members The certificate of amendment must be signed by a manager of the company or, if management is not vested in a manager, by a member. <input type="checkbox"/> Amendment to Application for Registration of a Foreign Limited-Liability Company (Pursuant to NRS Chapter 86) Name of Foreign Limited-Liability Company if different than registered to transact business in Nevada: If amendment is to change the name, the change taking effect: (select all that apply) <input type="checkbox"/> The name under which Limited-Liability Company transacts business in this State <input type="checkbox"/> Foreign Limited-Liability Company name from home jurisdiction



FRANCISCO V. AGUILAR
 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684-5708
 Website: www.nvsos.gov
www.nvsilverflume.gov

Limited-Liability Company:
Certificate of Amendment (PURSUANT TO NRS 86.216, 86.221 and 86.543)
Certificate to Accompany Restated Articles or Amended and
Restated Articles (PURSUANT TO NRS 86.221)

4. Effective date and time: (Optional)	Date: 08/01/2023 Time: _____ (must not be later than 90 days after the certificate is filed)				
5. Information being changed:	Changes to takes the following effect: <div style="margin-left: 20px;"> <input checked="" type="checkbox"/> The entity name has been amended. <input type="checkbox"/> The registered agent has been changed. (attach Certificate of Acceptance from new registered agent) <input type="checkbox"/> The purpose of the entity has been amended. <input type="checkbox"/> The directors, managers or general partners have been amended. <input type="checkbox"/> IRS tax language has been added. <input type="checkbox"/> Articles have been added <input type="checkbox"/> Articles have been deleted <input type="checkbox"/> Other. </div> The articles have been amended as follows: (provide article numbers, if available) Entity Name: Real Capital Operations, LLC (attach additional page(s) if necessary)				
6. Signature: (Required)	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border-bottom: 1px solid black; text-align: center;">X Christopher Harris</td> <td style="width: 40%; text-align: center;">Manager</td> </tr> <tr> <td style="text-align: center; font-size: small;">Signature of Manager, Member or Authorized Signer</td> <td style="text-align: center; font-size: small;">Title</td> </tr> </table>	X Christopher Harris	Manager	Signature of Manager, Member or Authorized Signer	Title
X Christopher Harris	Manager				
Signature of Manager, Member or Authorized Signer	Title				

Please include any required or optional information in space below:
 (attach additional page(s) if necessary)



BARBARA K. CEGAVSKE
 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684-5708
 Website: www.nvsos.gov

Filed in the Office of	Business Number
<i>FVA</i>	E14616052021-3
	Filing Number
	20233385631
Secretary of State	Filed On
State Of Nevada	08/01/2023 09:39:47 AM
	Number of Pages
	4

Limited-Liability Company:
Certificate of Amendment (PURSUANT TO NRS 86.216, 86.221 and 86.543)
Certificate to Accompany Restated Articles or Amended and Restated Articles (PURSUANT TO NRS 86.221)

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGHLIGHT

1. Entity information:	Name of entity as on file with the Nevada Secretary of State: Storage Cap Operations, LLC Entity or Nevada Business Identification Number (NVID): E14616052021-3
2. Restated or Amended and Restated Articles (Select one): (If restating or amending and restating, complete section 1, 2, 3, 5 and 6.)	<input type="checkbox"/> Certificate to Accompany Restated Articles or Amended and Restated Articles <input type="checkbox"/> Articles have been Restated <input type="checkbox"/> Articles have been Amended and Restated * Restated or Amended and Restated articles must be included with this filing type.
3. Type of amendment filing being completed: (Select only one box): (If amending, complete section 1, 3, 5 and 6.)	<input type="checkbox"/> Certificate of Amendment to Articles of Organization For a Nevada Limited-Liability Company Before Issuance of Member's Interest (Pursuant to NRS 86.216) The signers thereof are at least two-thirds of the <input type="checkbox"/> organizers or the <input type="checkbox"/> managers of the limited-liability company As of the date of the certificate, no member's interest in the limited-liability company has been issued.
	<input checked="" type="checkbox"/> Certificate of Amendment to Articles of Organization For a Nevada Limited-Liability Company (Pursuant to NRS 86.221) The limited-liability company is managed by <input checked="" type="checkbox"/> Managers or <input type="checkbox"/> Members The certificate of amendment must be signed by a manager of the company or, if management is not vested in a manager, by a member.
	<input type="checkbox"/> Amendment to Application for Registration of a Foreign Limited-Liability Company (Pursuant to NRS Chapter 86) Name of Foreign Limited-Liability Company if different than registered to transact business in Nevada: _____ If amendment is to change the name, the change taking effect: (select all that apply) <input type="checkbox"/> The name under which Limited-Liability Company transacts business in this State <input type="checkbox"/> Foreign Limited-Liability Company name from home jurisdiction

This form must be accompanied by appropriate fees.



BARBARA K. CEGAVSKE
 Secretary of State
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Limited-Liability Company:
Certificate of Amendment (PURSUANT TO NRS 86.216, 86.221 & 86.543)
Certificate to Accompany Restated Articles or Amended and
Restated Articles (PURSUANT TO NRS 86.221)

4. Effective date and time: (Optional)

Date: 08/01/2023

Time:

(must not be later than 90 days after the certificate is filed)

5. Information being changed:

Changes to takes the following effect:

- ☒ The entity name has been amended.
☐ The registered agent has been changed. (attach Certificate of Acceptance from new registered agent)
☐ The purpose of the entity has been amended.
☐ The directors, managers or general partners have been amended.
☐ IRS tax language has been added.
☐ Articles have been added.
☐ Articles have been deleted.
☐ Other.

The articles have been amended as follows: (provide article numbers, if available)

The entity name is hereby amended from Storage Cap Operations, LLC to Real Capital Operations, LLC

(attach additional page(s) if necessary)

6. Signature:
 (Required)

X

[Redacted Signature]

or Authorized

Manager

Title

X

Signature of Manager, Member or Authorized
 Signer

Title

Please include any required or optional information in space below:
 (attach additional page(s) if necessary)