M2200004495

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Busiless Chity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400383818734

LLC N/c arrend

64:1119 6- AFH 5203

2022 MAY -9 PM 4: 18

RECEIVED

٠.

A. RAMSEY MAY 10 2022



115 N CALHOUN ST., STE, 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	05/09/2022	
Name:_	Greg Pintacuda	
Referen	ce #: 1679980	
Entity N	ame: OSI 100 BENOIS	FARMS ROAD, LLC
A	articles of Incorporation/Authorization t	o Transact Business
√ A	amendment	
	Change of Agent	
□ R	Reinstatement	
	Conversion	
	Merger	
	Dissolution/Withdrawal	
F	ictitious Name	
√ C	Other APON FILING P	ROVIDE CERTIFIED COPY
Authoriz	red Amount: \$55	
Signatur	re:	

P: 800.221.0102

F: 800.944.6607

COVER LETTER

	egistration Section ivision of Corporations		
SUBJEC	T:Name of Foreign	Limited Liability Con	прапу
Dear Sir (or Madam:		
The encl	sed application, certificate and fcc(s) a	re submitted for filing	
	urn all correspondence concerning this		
ricase rei	um an correspondence concerning inis	matter to the followin	Б-
	Andrew T. Smith		
	Name of Person		
(CRE-OSI Outdoor Storage Holdco	LLC	
· · · · · · · · · · · · · · · · · · ·	Firm/Company		
3	09 East Paces Ferry Road NE, Su	iite 59	
	Address		
	Atlanta, GA 30305		
	City/State and Zip Code	,,,	
	asmith@outourstorage.com		
E-mail	address: (to be used for future annual r	eport notification)	
For furth	er information concerning this matter, p	lease call:	390-2811
	Mark Focella Name of Person	ai (ime Telephone Number
	TREET/COURIER ADDRESS:		LING ADDRESS:
	egistration Section		stration Section sion of Corporations
	vivision of Corporations Hifton Building		Box 6327
	661 Executive Center Circle		hassee, Florida 32314
	allahassee, Florida 32301		
	is a check for the following amount:	,_,	N -11 0 00 1111
[] \$25 F	iling Fee S30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	
	Ceruncate of Status	Contined Copy	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: OSI FL Placeholder 1, 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: M22000004495 Delaware 3. Jurisdiction of its organization: 4. Date authorized to do business in Florida: ______ March 24, 2022 SECTION II (5-9 complete only the applicable changes) 5. New name of the limited liability company: OSI 100 Benoist Farms Road, 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 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 the amendment c	hanges person, title or capacity in a	accordance with 605.0902 (1)(e), indicate	that change:
itle/ Capacity	Name	Address	Type of Action
			Add
			Remov
			Add
			Remo
			Remov
			Add
			Remove
			Add
aforementioned an	the law of which this entity is orga	y the official having custody of records	Removing the

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 THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF 'OSI FL PLACEHOLDER 1, LLC', CHANGING ITS NAME FROM "OSI FL PLACEHOLDER 1, LLC" TO "OSI 100 BENOIST FARMS ROAD, LLC", FILED IN THIS OFFICE ON THE FIFTH DAY OF MAY, A.D. 2022, AT 4:20 O'CLOCK P.M.



Authentication: 203378422

Date: 05-09-22

State of Delaware Secretary of State Division of Corporations Delivered 04:20 PM 05 05 2022 FILED 04:20 PM 05 05 2022 SR 20221809235 - File Number 6655362

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

Name o	OSLEI	PLACEHO	LDER 1, LLC	
=	 00112			
	Formation of	the limited	liability company i	s hereby ame
as follov	he name of th	nis entity is	hearby amended t	to
	OSI 100 F	Benoist Fa	rms Road, LLC	
	 			
		_	ed have executed th	
		_		is Certificate A.D. 2022
		_		
			May ,	A.D. 2022
			May ,	A.D. 2022
			May ,	A.D. 2022
			May For	A.D. 2022
			May ,	A.D. 2022
			May Foe Authorized I	A.D. 2022