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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Sec	we Storage of Many Pro
DOCUMENT NUMBER:	200 415 F. /
The enclosed Articles of Amendment and fee are su	bmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
	Name of Contact Person Storoge of Missi Ties
	Stonge of Miani, Inc. Firm Company
	Sty 124 AVE Address
	City/ State and Zip Code
E-mail address: (to be us	Opersunt construction, corned for filture annual report notification)
For further information concerning this matter, pleas	e cail:
Jorge Per 10:5 Name of Contact Person	at (756) 299 - 3246. Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	
\$35 Filing Fee	Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to Articles of Incorporation

of .
Secure Storage of Miami Inc
(Name of Corporation as currently filed with the Florida Dept. of State)
P 0000 on 45×17
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" A professional corporation name must contain the word "chartered." "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent 13.175 SW 124 Aw (Floridu street address)
New Registered Office Address: [V] [Calva] Florida (35) 66 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: ! hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
Signature of New Registered Agent. if changing Check if applicable
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer: S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe. PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change <u>PT</u> John Doe X Remove V Mike Jones X Add <u>\$V</u> Sally Smith Type of Action Title Name Address (Check One) 1) ____ Change ___ Add ____ Add Remove __ Change Micum, F1.33186 ____ Remove 4) ____ Change _____ Add ____ Remove 5) ____ Change ____ Add ___ Remove 6) ____ Change _ Add ____ Remove

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n amendment provida	es for an exchange, recla	ssification, or cancell	ation of issued sha	res.
	iting the amendment if π	ot contained in the ar	nendment itself:	
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The date of each amendment(s) adoption: 30,200, if other than the date this document was signed.
Effective date if applicable: (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes east for the amendment(s) was/were sufficient for approval
by
(voting group)
Dated \times 07/30/2020 Signature \times A
(By a director president or other officer – if directors or officers have not been selected by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
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(Typed or printed hame of person signing)