## L13000 119250

| (Re                     | equestor's Name)   |             |  |
|-------------------------|--------------------|-------------|--|
| (Address)               |                    |             |  |
| (Address)               |                    |             |  |
| (Cil                    | ty/State/Zip/Phone | e #)        |  |
| PICK-UP                 | ☐ WAIT             | MAIL        |  |
| (Business Entity Name)  |                    |             |  |
| (Do                     | ocument Number)    |             |  |
| Certified Copies        | Certificates       | s of Status |  |
| Special Instructions to | Filing Officer:    |             |  |
|                         |                    |             |  |
|                         |                    |             |  |
|                         |                    |             |  |

Office Use Only



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## **COVER LETTER**

TO: Registration Section **Division of Corporations** 

Orlando Data Vault LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

William M. Murphy

Name of Person

Orlando Data Vault LLC

Firm/Company

1700 NW 66th Avenue, Suite 102

Address

Plantation, FL 33313

City/State and Zip Code

christagaste@aol.com

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

For further information concerning this matter, please call:

Christine Tagaste

at (954) 746-2221 X315

Area Code & Daytime Telephone Number

Name of Person

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

| Orlando Data Vault LLC   |  |   |
|--|--|---|
| ( <u>Name of the Limited</u> )<br>(A   | Liability Company as it now appears on (<br>Florida Limited Liability Company) | our records.)                             |
| The Articles of Organization for this Limited Lia Florida document number L13000119250   |  | 22, 2013 and assigned                     |
| This amendment is submitted to amend the follo   | wing:  | TARY<br>HASSE<br>NG 29                    |
| A. If amending name, enter the new name of   | the limited liability company here:  | 13 AUG 29 PH 2:                           |
| The new name must be distinguishable and end with "L.L.C."                               | h the words "Limited Liability Company," t                                     | the designation "LLC" or the algeria      |
| Enter new principal offices address, if applica  | able:  |   |
| (Principal office address MUST BE A STREE  | T ADDRESS)   |   |
|  |  |   |
|  | ı  |   |
| Enter new mailing address, if applicable:  |  |   |
| (Mailing address MAY BE A POST OFFICE I  | BOX)   |   |
|  |  |   |
| B. If amending the registered agent and/or registered agent and/or the new registered of |  | records, <u>enter the name of the new</u> |
| Name of New Registered Agent:  |  | · · · · · · · · · · · · · · · · · · ·     |
| New Registered Office Address:   |  |   |
| New Regulation Office (Touristic   | Enter F  | lorida 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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

| <u>Title</u> | Name                             | Address                  | Type of Action                                     |
|--------------|----------------------------------|--------------------------|--|
| MGR          | AMM Plantation Investments, Ltd. | 888 SE 3rd Avenue        | ✓ Add  |
|              |                                  | Suite 501                | Remove   |
|              |                                  | Fort Lauderdale, FL 3331 | 6  |
|              |                                  |                          | Add  |
|              |                                  |                          | Remove   |
|              |                                  |                          | _  |
| <del>.</del> |                                  |                          | Add  |
|              |                                  |                          | Remove   |
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|              |                                  |                          | LANGE ROSE   |
|              |                                  |                          | PH 2:53  |
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|              |                                  |                          | _  |
|              |                                  |                          | Add  |
|              |                                  |                          | Remove   |
|              |                                  |                          |  |

| D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |   |  |
|---|---|--|
| <u> </u>  |   |  |
|   |   |  |
| <del></del>   |   |  |
|   |   |  |
|   |   |  |
|   |   |  |
| Dated August 26   | <u>, 2013</u> .                                   |  |
| What What   | _   |  |
|   | a nember or authorized representative of a member |  |
| William M. Murphy   |   |  |
|   | Typed or printed name of signee                   |  |

Page 3 of 3

Filing Fee: \$25.00

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