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COVER LETTER

Div	ision of Corp	orations		
SUBJECT:	The Vault of	Naples LLC		
		Name of Limi	ted Liability Company	
The enclosed	d Articles of A	amendment and fee(s) are subr	nitted for filing.	
Please return	all correspon	dence concerning this matter t	to the following:	
•		Sheri Grassi		
			Name of Person	
		Naples Redevelopment Inc	:	
		-	Firm/Company	
		P.O. Box 1309		
			Address	
		Naples, Florida 34106		
			City/State and Zip Code	
		sheri@naplesredevelopment		
		E-mail address: (to	o be used for future annual report notifi	ication)
For further in	nformation co	ncerning this matter, please ca	11:	
Sheri Grassi			239 331-7940 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 F	iling 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:

TO: Registration Section

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

The Vault of Naples, LLC		
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number L15000191828	npany were filed on November 16, 2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u>	d liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	<u>.</u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or register	ed office address on our records, ente	r the name of the nev
registered agent and/or the new registered office addres		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida _	Zip Code
New Registered Agent's Signature, if changing Registered A	•	Zip Code
hereby accept the appointment as registered agent and comprovisions of all statutes relative to the proper and comprover the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	 d agree to act in this capacity. I further a plete performance of my duties, and I an nt as provided for in Chapter 605, F.S. O	familiar with and r, if this document is imited liability

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Nicholas Garulay	2745 Corporate Flight Drive	Add
		Naples, Florida 34106	■ Remove
			Change
D	Adam Smith	2745 Corporate Flight Drive	□ Add
		Naples, Florida 34106	Remove
			Change
MGR	Markit LLC	P.O. Box 1309	Add
		Naples, Florida 34106	□ Remove
			☐ Change
		-	
		 	□ Remove
			Change
			Add
			☐ Remove
			Change Change Change Add Change Change Change Change
		<i>ÿ</i> -	Change

amenung any other imormati	on, enter change(s) here: (Attach additional	sneets, ij necessary.)
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	01/21/2016	
ective date, if other than the date must be	ate of filing:	(optional) nan 90 days after filing.) Pursuant to 605.0
te: If the date inserted in this bloc cument's effective date on the Dep	k does not meet the applicable statutory filing req	uirements, this date will not be listed
record specifies a delayed e	effective date, but not an effective time	, at 12:01 a.m. on the earlier
he 90th day after the recor	d is filed.	
January 21	2016	
ted danuary 21	, , , , , , , , , , , , , , , , , , , ,	
14.1/_	•	200
Si	gnature of a member or authorized representative of a r	member 7700 C
.		Management of the later of the
Adam Smith		AR 23
	Typed or printed name of signee	SSFE
	Typed or printed name of signee	SSR 22

Filing Fee: \$25.00