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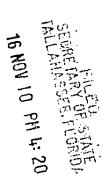
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: VAULT 46, 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:	
MALGORZATA HOFFMAN  Name of Person  VAULT 46 LLC  Firm/Company  804 BALDWIN AVE UNIT C  Address  DEFUNIAK SPRINGS FL, 32435  City/State and Zip Code  MargarethoHmanps@amail.com	SECRETARY OF STATE
(B-mail address: (the be used for luture annual report notification)	
For further information concerning this matter, please call:	
MAUror2ATA Hoffman at (850) 217 - 0524  Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee   □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certificate of Status	

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

VAULT	46, LLC				
(Name of the Lim	ited Liability Company (A Florida Limited Lie	y <mark>as it now appears on our r</mark> ability Company)	ecords,)	<del></del>	
The Articles of Organization for this Limited Florida document number	Liability Company w 45997	vere filed on OS	24/20	6 and assigne	жd
This amendment is submitted to amend the following	lowing:				
A. If amending name, enter the new name	of the limited liabili	ity company here:			
	./				
The new name must be distinguishable and contain the	words "Limited Liability	y Company," the designation	"LLC" or the	abbreviation "L.L.C."	9
Enter new principal offices address, if appli	cable:	····			
(Principal office address MUST BE A STRE	ET ADDRESS)				
			·-/		
				あ	ALL
Enter new mailing address, if applicable:			•		<u></u>
(Mailing address MAY BE A POST OFFICE	E BOX)			ســ	<del>5-</del> 32
B. If amending the registered agent and	l/am madata d -682			-	امن لسب
B. If amending the registered agent and registered agent and/or the new registered			coras, <u>ente</u>		ne new 52
	1		<b>-</b> 1.4.4.7		٠٠٠.
Name of New Registered Agent:		CZATA HOFF	-MAN		
New Registered Office Address:	150 LAK	CESIDE DR.		, ······	
	DEFINIAL	Enter Florida street o		20100	
	DEFUNIAR	SPRINGS	_, Florida _	32435 Zip Code	
		CHY		гір Соае	

## 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.

M Changing Registered Agent, Signature of New Registered Agent

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
AMBR	SUSAN L. BROCK	804 BALDWINAVE.	🗆 Add
		UNITC	Remove
		DEFUNIAK SPRINGS	□ Change
		FL 32435	Add
			Remove
			Change
			Add 16 NO
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			Change PH 4: 20
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If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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	PM 4: 20
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Effective date, if other than the date of filing: NOVEMBER OLZUG (optional)  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	.0207 (3)(b) :d as the
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlied). The 90th day after the record is filed.	er of:
Dated November 06, 2016, 2016	
Signature of a member or authorized representative of a member  MALGORZATA HOFFMAN  Typed or printed name of signee	

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Filing Fee: \$25.00