

**L16000145997**

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**S. YOUNG**

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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  
margarethoffmanps@gmail.com  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

MALGORZATA 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 & 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**

VAULT 46, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/04/2016 and assigned  
Florida document number L16000145997.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office 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:

MALGORZATA HOFFMAN

New Registered Office Address:

150 LAKESIDE DR.

Enter Florida street address

DEFUNIAK SPRINGS

Florida

32435

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 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.*

*Melgorzata Hoffman*  
If 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>	<u>Type of Action</u>
AMBR	SUSAN L. BROCK	804 BALDWIN AVE.	<input type="checkbox"/> Add
		UNIT C	<input checked="" type="checkbox"/> Remove
		DEFUNIAK SPRINGS	<input type="checkbox"/> Change
		FL 32435	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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A hand-drawn graph on lined paper. The horizontal axis is labeled "Time" and the vertical axis is labeled "Distance". A straight line is drawn starting from the origin (0,0) and extending upwards and to the right. The line passes through points that appear to be (1, 1), (2, 2), (3, 3), (4, 4), and (5, 5), indicating a constant positive slope of 1.

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**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.

Dated November 06, 2016.



Signature of a member or authorized representative of a member

MALGORZATA HOFFMAN

Typed or printed name of signee