

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Tô; Division of Corporations Fax Number (850)617-6383 From: : INCORPORATING SERVICES FL. FEB 0 9 2017 Account Number : 120050000052 S. YOUNG Phone : (850)656-7956 : (850)656-7953 Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ** finail Address: rsilverman@ghplaw.com LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

THE VEHICLE VAULT, LLC

Certificate of Status	Ö
Certified Copy	1
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Electronic Filing Menu

Corporate Filing Menu

COVER LETTER

TO: Registration S Division of Co					
	le Vault, I.LC				
	Name of Lin	nited Liability Company			
	Amendment and fee(s) are sub ondence concerning this matter	_			
	Sara Flanagan				
		Name of Person			
	IncServ				
		Firm/Company			
	3500 S Dupon	t Hwy			
		Address		17	Zέ
•	Dover, DE 199	901		633	CRE AFE
		City/State and Zip Code		8-6	ASS.
	E-mail address:	to be used for future annual report r	notification)		
For further information of	concerning this matter, please c	alt:			
Sara Flanagan		at (302)	531-0710	8։ կ7	20 A
	of Person	at (Day	time Telephone Number		
Enclosed is a check for t	he 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 Statu Certified Copy (additional copy is encl		
	ING ADDRESS:	STREET/COU Registration Sec	RIER ADDRESS:		

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	CLE VAULT, LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on a nited Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability Com Florida document number L17000017695	pany were filed on 01/24/20	017	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
Collier Car Clubs, LLC			
The new name must be distinguishable and contain the words "Limited	Liability Company," the designa	tion "LLC" or the abbrev	vietion "L.L.C."
Enter new principal offices address, if applicable:			7 50
(Principal office address MUST BE A STREET ADDRES	<u></u>		
			
			م کیریکرآ
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			<u>∞ </u>
			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		records, enter the	name of the new
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:	Enter Florida str	eet address	
		, Florida	
	City		Lip Code
New Registered Agent's Signature, if changing Registered Agent's Signature, if changing Registered Agent's Agent's Signature, if changing Registered Regist	<u>cent:</u>		

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.

If Changing Registered Agent, Signature of New Registered Agent

□ Change

MGR = Manager

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

AMBR =	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			☐ Change
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			□ Add
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			Remove ARE ARE ARE Change
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			Change
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			Change
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D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(If an ei Note:	etive date, if other than the date of filing: (optional) ffective 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 605.02 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records.	107 (3)(b) as the
If the re (b) The	ecord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier e 90th day after the record is filed.	of:
Dated	February 7 2017	Ō
		V.
	Signature of a member or authorized representative of a member	
	Rita Silverman, Authorized Representative of a Member	
	Typed or printed name of signee	

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Filing Fee: \$25.00