L19000278370

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

Division of Cor	porations		
suвject: <u>VAULT I</u>	NK. LLC		
<u> </u>	Name of Lim	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for tiling.	
Please return all correspo	ondence concerning this matter	to the following:	
	Processing Department		
		Name of Person	
		Firm/Company	
	5605 Riggins Court	Suite 200	
		Address	
	Reno, NV 89502		
	*	City/State and Zip Code	
	docs@incauthority.com		
	E-mail address: (to be used for future annual report notifi	ecation)
For further information of	concerning this matter, please ca	all:	
Processing Departm	ent	at (800) 638-2320 Daytime	
Name (of Person	Area Code Daytime	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 Status & Certified Copy (additional copy is enclosed)
MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:

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

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Lial</u> (A Flor	VAULT INK, LLC bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L19000278370	Company were filed on 11/07/19	and assigned
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" or t	he abbreviation '\(\mathred{\omega}\).C."
Enter new principal offices address, if applicable:		JAN
(Principal office address MUST BE A STREET AD	DRESS)	<u> </u>
Enter new mailing address, if applicable:		AF 8: 13
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florid	aZip Code
	C n _i r	zapre rede

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.

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>	Address	Type of Action
MGR	Katrina McGhee	1161 16th St NE	<u> </u>
		Naples, FL 34120	Remove
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an effective of	date is listed, the date inserted in	date must be spe	ecific and car	nnot be prior	to date of i	iling or mor ory filing i	e than 90 day	s after filing.)	Pursuant to	605.0207 listed as
	effective date c					, .	- 4			
	specifies a d n day after t			e, but no	t an effe	ective tin	ne, at 12:	01 a.m. o	n the ea	ırlier o
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atedJar	nuary 22,	2020	, <u> </u>		•	<i>\begin{aligned} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \</i>				
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Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee