## 120 JOD 249 66C

(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	#)
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O SIMMONS DEC 17 2020

Division of Corpo	rations		
SUBJECT: The	Vault 106 A Name of Limi	nd Company L	lC_
The enclosed Articles of Ar	nendment and fee(s) are subi	nitted for filing.	
Please return all correspond	ence concerning this matter t	to the following:	
	Ty isch The Vaul	Name of Person  + 10 10 and Con Firm/Company	pany (IC.
	2702 Masso	ichuseHes Ave P	pd 177
	Pensaco tyscha 736	City/State and Zip Code  O a Mail CoM  o be used for future annual report not	ification)
For further information con-	cerning this matter, please ca		,
Ty San Name of P	SA ( (	at (850) 748-	5025 ne 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:		Street Address:	

**Registration Section** 

TO:

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

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## TO ARTICLES OF ORGANIZATION OF

The Vaul+ 1010 and Company 1/2003 MOV 12 AND
(Name of the Limited Liability Company as it now appears on our records.) 111 1:59 (A Florida Limited Liability Company) 553321
The Articles of Organization for this Limited Liability Company were filed on August 142000 and assistant document number 12000 24960.
his amendment is submitted to amend the following:
a. If amending name, enter the new name of the limited liability company here:
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.
Inter new principal offices address, if applicable:
Principal office address MUST BE A STREET ADDRESS)
Inter new mailing address, if applicable:
Mailing address MAY BE A POST OFFICE BOX)
3. If amending the registered agent and/or registered office address on our records, enter the name of the new gent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, Florida, Zip Code
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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docum 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.

or removed from our records: MGR = Manager TILED AMBR = Authorized Member 2023 NOV 12 AH 7: 59 Title **Name Address** Shannon L. Bellon Se. 11 Stetson Flood Pensacola FL32506 DRemo □ Chan<sub>1</sub>  $\square$ Add □Remo □Remo □ Chan<sub>§</sub>  $\square$ Add □Remo □Chan<sub>£</sub> \_\_\_\_\_ 🗀 Add □Remo □ Chan<sub>€</sub> □Remo

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tive 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 6 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be be	
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11/10/20- 2020.	
- ) July Jaly	
Signature of a member or authorized representative of a member	
Tect If nen	tive date, if other than the date of filing: November 10,2020 (optional)  Tective 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 6.  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be finent's effective date on the Department of State's records.  If specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day affect.