L05000006036

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EXAMINER

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FILED 2009 JUL -6 PM 2: 1: SECRETARY OF STATE ALLAHASSEF F. STATE

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COVER LETTER

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тò:	Registration S Division of Co			
SUBJECT: VECTRA INTERNATIONAL LLC				
Name of Limited Liability Company				
The en	closed Articles o	f Amendment and fee(s) are sui	omitted for filing.	
Please	return all corresp	ondence concerning this matter	to the following:	
· · · · · · · · · · · · · · · · · · ·			Richard E. Rincon	
			Name of Person	
		Ve	ectra International LLC	
			Firm/Company	
:			20949 N.E. 37 Court	
			Address	
Aventura, FL. 33180				
		•	City/State and Zip Code	
r.rincon@vectraintl.com				
For fur	ther information	E-mail address: (concerning this matter, please of	to be used for future annual report notificall:	cation)
	D:	about Discos	005	000 0407
Richard Rincon Name of Person			at (305) Area Code & Daytime	932-8487 Telephone Number
Enclose	ed 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)	S60.00 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		tration Section on of Corporations 30x 6327	STREET/COURII Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	utions uter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VEUTRA INTER		.
(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document numberL0500006036	were filed onJanuary 19, 20	05 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:	20949 N.E. 37 COURT	AR S
(Principal office address MUST BE A STREET ADDRESS)	AVENTURA, FL. 33180	AS A
		SET 6
Enter new mailing address, if applicable:	20949 N.E. 37 COURT	PM 2: 2
(Mailing address MAY BE A POST OFFICE BOX)	AVENTURA, FL. 33180	DA N
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:		r the name of the new
New Registered Office Address:		 _
	Enter Florida street a	ddress
-No -No los sus	, Florida	
	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member **Type of Action** <u>Title</u> **Name** Address ☐ Add Remove ☐ Add Remove SECRIAINS PER PROPERTY OF THE ∏Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ Signature of a member or authorized representative of a Richard Rincon Typed or printed name of signee Ш Page 2 of 2 Filing Fee: \$25.00 MC. 02-05