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SECRETARY OF CARRIES

B. BOSTICK

OCT - 4 2013

EXAMINER

COVER LETTER

то:	Registration Sect Division of Corpe		ær.	•	
SUBJ	ECT:		ted Liability Company	VECTION LLC	
The er	nclosed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please	return all correspond	dence concerning this matter	to the following:		
			Jerry Rivera Name of Person		
		<u>-</u>	Brondon Asto Ce Firm/Company	ometion LIC	
			202 E. MCK Address	B LUD.	
			SEFFICIA, H, 735 City/State and Zip Code	84	
		E-mail address: (t	yricen 33 @ xhha	ion)	
For fu	rther information cor	acerning this matter, please c	all:	2013 0 \$5.01 TALLA	
	Name off		at (\$13) 7/6-279 Area Code & Daytime To	elephone Number EE, FLORID	
Enclos	sed is a check for the	following amount:		2	
□ \$2:	5.00 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

 \mathbf{OF}

SEF	FNEA
Shish AL	ADA A AO Connection LCC
(Name of the Limited Liability (Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on 3-24-10 and assigned
Florida document number <u>U 000032303</u>	5.
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ted liability company here:
_	O CONNICTION UC
The new name must be distinguishable and end with the words "L.L.C."	Is "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	ESS) = = ~
	ARE CO
Enter new mailing address, if applicable:	S 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Mailing address MAY BE A POST OFFICE BOX)	The man to
-	(a) (b) (b)
	00
	ered office address on our records, enter the name of the new
registered agent and/or the new registered office addre	ess here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM =	= Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
		•	Kemove
			Add
			Remove
·			Add
			Remove
			2013 OCT
			Add Add
	 		
			2013 OCT -Add PH Remove TALL HIASSEE, FLORIDA
		***	Add
			Remove
			Kelliove
			Add
			Remove

. If amending any other int	formation, enter change(s) here: (Attach additional sheets, if necessary.)
:	
ited 09/26/13	······································
	Janil Trueg
	Signatule of a member of aytherized representative of a member Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00