L11000037005

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| | | | | |
| Special Instructions to Filing Officer: | | | | |
| 712A-1760 | | | | |

Office Use Only



300222428843

300222428843 02/22/12--01025--003 **25.00

2 FEB 22 AM II: 38
ECRETARY OF STATE
NIT AHASSEF, FLORID

- HH 2 3 2012

COVER LETTER

| Division of Co | | 4 | • | |
|---------------------------|--|---|--|--|
| SUBJECT: | Vector | Alliance, LLC | , | |
| SUBJECT: | | Name of Limited Liability Company | | |
| The enclosed Articles o | f Amendment and fce(s) are su | bmitted for filing. | | |
| Please return all corresp | oondence concerning this matte | r to the following: | | |
| | Robson Rezende | | | |
| | Name of Person . | | | |
| | Vector Alliance, LLC | | | |
| | Firm/Company | | | |
| | 2020 Ponce De Leon Blvd. Suite 1007 | | | |
| | *************************************** | Address | | |
| | Cora | al Gables, Fl 33134-447 | 76 | |
| | City/State and Zip Code | | | |
| | robsonrrezende@aol.com E-mail address: (to be used for future annual report notification) | | | |
| For further information | concerning this matter, please | • | (houndaday) | |
| To further mornation | concerning this matter, prease of | | | |
| | bson Rezende | at (_954_) | 200-4393 | |
| Name | of Person | Area Code & E | Daytime 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 end | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | |
| MAILING ADDRESS: | | STREET/CO | DURIER 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

FILED

12 FEB 22 AM II: 38 Vector Alliance, LLC (Name of the Limited Liability Company as it now appears on our records) [ART OF STATE (A Florida Limited Liability Company) [ALLAHASSEE, FLORIDA March 28, 2011 The Articles of Organization for this Limited Liability Company were filed on ____ and assigned L11000037005 Florida document number _____ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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 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** Address **Title Name** Robson Rezende MGRM 2020 Ponce De Leon Blvd. Ste 1007 ☐ Add Coral Gables, Florida 33134-4476 Remove Steve Himmelman **MGR** 2020 Ponce De Leon Blvd. Ste 1007 ✓ Add Coral Gables, Florida 33134-4476 ☐ Remove ☐ Add ☐ Remove Remove $\prod Add$ Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) February 16 2012 Dated Signature of a member or authorized representative of a member Robson Rezende Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00