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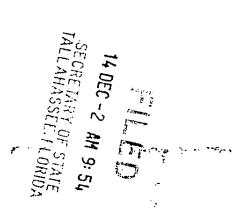
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COVER LETTER

VECTOR ALLIANCE, LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: ROBSON REZENDE Name of Person VECTOR ALLIANCE, LLC Firm/Company 2020 PONCE DE LEON BLV. SUITE 1007 Address CORAL GABLES, FL. 33134-4476 City/State and Zip Code robson_rezende@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
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robson_rezende@hotmail.com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
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For further information concerning this matter, please call:
ROBSON REZENDE 954 696-0499
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee Certified Copy (cadditional 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 OF

VECTOR ALLIANCE, LLC			
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) ompany)	· · · · · · · · · · · · · · · · · · ·	
The Articles of Organization for this Limited Liability Company were file Florida document number L11000037005	_{id on} MARCH 28, 20 ²	and ass	igned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability com	pany here:		
The new name must be distinguishable and end with the words "Limited Liability Comp	any," the designation "LLC"	or the abbreviation "	L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
		<u> </u>	7
Enter new mailing address, if applicable:		CREE	90.0
(Mailing address MAY BE A POST OFFICE BOX)		AS AS	1 200
		38	10
			= =
B. If amending the registered agent and/or registered office add	lress on our records,	enter the pame	he the ne
registered agent and/or the new registered office address here:		2 2≥	75
		DA DA	-
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	. Flori	da	
City	, 1 1011	Zin 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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	ROBSON REZENDE	2020 PONCE DE LEON BLVD STE10	007 □ Add
		CORAL GABLES, FLORIDA 33134-4	476 □ Remove
MGR	STEVE HIMMELMAN	2020 PONCE DE LEON BLVD STE10	 007 □ Add
		CORAL GABLES, FLORIDA 33134-4	47€ Remove
			14 DEC -2
			OF Add 9: 54 ORIUM Remove
			Remove
			□ Add
			Add
		 	□ Remove

If amending a	ny other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
Effective date, (The effective date the date this docu	if other than the date of filing: (optional) must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ment is filed by the Florida Department of State)
Dated	NOVEMBER 22) 2014
	Signature of a member or aughorized representative of a member
	ROBSON REZENDE
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORID