

LI 0000 77008

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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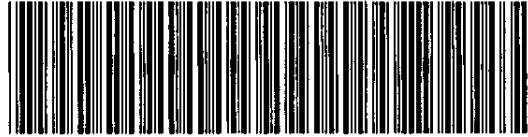
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 10 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 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:

ROBSON REZENDE

954 696-0499
at ()

Name of Person

Area Code

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 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

VECTOR ALLIANCE, LLC

The Articles of Organization for this Limited Liability Company were filed on MARCH 28, 2011 and assigned Florida document number L11000037005.

A. If amending name, enter the new name of the limited liability company here:

(Principal office address MUST BE A STREET ADDRESS)

(Mailing address MAY BE A POST OFFICE BOX)

New Registered Office Address:

_____, **Florida** _____
City Zip Code

Page 1 of 3

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	ROBSON REZENDE	2020 PONCE DE LEON BLVD STE1007	<input type="checkbox"/> Add
		CORAL GABLES, FLORIDA 33134-4476	<input type="checkbox"/> Remove
MGR	STEVE HIMMELMAN	2020 PONCE DE LEON BLVD STE1007	<input type="checkbox"/> Add
		CORAL GABLES, FLORIDA 33134-4476	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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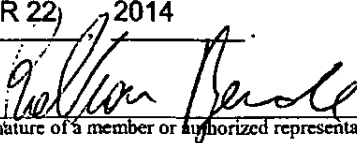
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated NOVEMBER 22 2014



Signature of a member or authorized representative of a member

ROBSON REZENDE

Typed or printed name of signee

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