L16000050330

(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:
,

Office Use Only



000287662690

07/08/16--01017--009 **100.00

16 JUL -8 AM IO: 10

JUL 1 1 2016 Y SULKER

COVER LETTER

TO:	Registration Sec Division of Corp			
		1/4000	foldings LLC	·
SUBJE	CT:	Name of Limit	ted Liability Company	
The end	closed Articles of	Amendment and fee(s) are subm	mitted for filing	
Please 1	eturn all correspon	ndence concerning this matter t	to the following:	
		Michael	W.w	
			Name of Person	
		WF	9 Lm	
			Firm/Company	
•		1250	S Pine Islams Ros S	n Zov
•		Pun	Address	
			City/State and Zip Code	
		E mail addbass (t	O be used for future annual report notifi	(action)
For furt	her information co	oncerning this matter, please ca		Callon
, 	Wich	re Way	at (954) 944-2	855
	Name of	Person	Area Còde Daytime	Telephone Number
Enclose	ed is a check for th	e following amount:		
₫ \$25	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 OF

VECTRA	HOLDINGS LLC
(Name of the Limited) (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liabi	lity Company were filed on 03/10/2016 and assigned
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of th	e limited liability company here:
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:
(Principal office address MUST BE A STREET A	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the new
registered agent and/or the new registered office	co (m
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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being authorized from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	ROSE CONNOR	445 NE 81 AVENUE	🗹 Add
•		Fr LANDERDALE FL 33301	Remove
			Change
MBR	RUPERT CONNOR LIVING TRUST	445 NE 8TH AVENUE	E Add
,		Fr LANDERDARE Fr 33301	□ Remove
	·		Change
·			
		·	Remove
			Change
			Add
		ART CAR	Remove
		SSEC O	
		FLORIDA	⊖ (
,		· · · · · · · · · · · · · · · · · · ·	☐ Remove
	·		Change
#			🖸 Add
,			Remove
			Change

<u> </u>	
• • •	
	<u> </u>
	·
	·
	5
	3>) <u>Cin</u>
	7.65S
	FLOREDA
	>
tive date, if other than the date of filing: ffective date is listed, the date must be specific and cannot be prior to date. If the date inserted in this block does not meet the applicable	(optional) te of filing or more than 90 days after filing.) Pursuant to 60 statutory filing requirements, this date will not be list
ment's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an e 90th day after the record is filed.	effective time, at 12:01 a.m. on the earli
Jun 9, 7016.	
Signature of a member or authorized	representative of a member