LADOUHATA

	(Requestor's Name)			
·	(Address)			
	(Address)			
	(City/State/Zip/Phone #)			
PICK-U	P WAIT	MAIL		
	(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of S	Status		

Special Instructions to Filing Officer:

L. SELLERS

JAN 5. 2012

EXAMINER

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THUEU 30 PHIZ: LA
SECRETARY OF STATE

COVER LETTER

TO:	Registration Section Division of Corpo			
SUBJEC	∵ T•	NORA INVE	STMENT US, LLC	
зоворя			ted Liability Company	
The encl	losed Articles of Ar	mendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspond	ence concerning this matter	to the following:	
		JL	JAN CARLOS ZURITA	
			Name of Person	
	NORA INVESTMENT US, LLC			LC
			Firm/Company	
		121 ALHA	MBRA PIAZA, PH1, S	ΓE 1602
			Address	·
		COF	RAL GABLES, FL, 3313	34
			City/State and Zip Code	
		jcz	urita@acfgroupus.com	
				i notification)
For furth	ner information con-	cerning this matter, please c	all:	
	Mar	ia Pifano	at (954)	3851717
	Name of P	erson		Paytime Telephone Number
Enclosed	d is a check for the	following amount:		
		\$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)
	Registrati Division o P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, FL 32314	Registration S Division of C Clifton Build	Corporations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3	NORA INVESTM	ENTS HS II	\sim	
(<u>Name of the I</u>	imited Liability Compan (A Florida Limited L	y as it now appears	on our records.)	
	(A Florida Limited Li	(ability Company)		
The Articles of Organization for this Lin	nited Liability Company	were filed on	04/30/2009	and assigned
Florida document numberL090	00041979			
This amendment is submitted to amend t	he following:			
A. If amending name, enter the new n	ame of the limited liabi	lity company here	:	
, <u> </u>				
The new name must be distinguishable and "L.L.C."	end with the words "Limit	ed Liability Compan	y," the designation "LL	C" or the abbreviation
Enter new principal offices address, if	applicable:			
(Principal office address MUST BE A S	STREET ADDRESS)			<u> </u>
Enter new mailing address, if applicab	le:			
(Mailing address MAY BE A POST OF	FICE BOX)			
		-		
B. If amending the registered agent	t and/or registered off	ice address on ou	r records, enter the	e name of the new
registered agent and/or the new registe	ered office address here	:		
Name of New Registered Agen	1:			
New Registered Office Address	<u> </u>	F. (El :1	
		Enie	r Florida street addre	₩ =
		City	, Florida 😓	Zip Gde
New Registered Agent's Signature, if cha	naina Registered Agent:	City	ASS	2 3
tew Registered Agent 8 Diguature, ir cha	ieme Registereu Agent.		in) Mi	
hereby accept the appointment as reg				erto carriply with
the provisions of all statutes relative to accept the obligations of my position a				
being filed to merely reflect a change i	in the registered office o			
company has been notified in writing a	ot this change			

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

Title 1	<u>Name</u>	<u>Address</u>	Type of Action
MGR	TOURIZ EUVENIA	121 ALHAMBRA PLAZA, PH1, S 1602 CORAL GABLES, FL, 33134	Add Remove
MGR_	MIGUEL MACIAS	121 ALHAMBRA PLAZA, PH1, S 1602 CORAL GABLES, FL, 33134	_ Add ☐ Remove
	<u> </u>		Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amer	nding any other information, enter ch	nange(s) here: (Attach additional sheets, if necessary.)	_
-	<u></u>		-
 Dated	DECEMBER, 22	2011	-
Dated			
	,	mber of authorized representative of a member	
		yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00