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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NORA INVESTMENT US, 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:

JUAN CARLOS ZURITA

Name of Person

NORA INVESTMENT US, LLC

Firm/Company

121 ALHAMBRA PIAZA, PH1, STE 1602

Address

CORAL GABLES, FL, 33134

City/State and Zip Code

jczurita@acfgroupus.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Pifano

Name of Person

at (**954**)

3851717

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

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

<u>Title¹</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	TOURIZ EUVENIA	121 ALHAMBRA PLAZA, PH1, S 1602 CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	MIGUEL MACIAS	121 ALHAMBRA PLAZA, PH1, S 1602 CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated DECEMBER, 22, 2011

Signature of a member or authorized representative of a member

JUAN CARLOS ZURITA

Typed or printed name of signee