L0400018038

| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

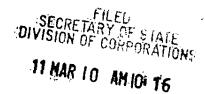
| TO: Registration S Division of Co | | | A. ** |
|-----------------------------------|--------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| SUBJECT: | FE | RMA, LLC | |
| | Name of Lim | nited Liability Company | |
| The enclosed Articles of | of Amendment and fee(s) are su | bmitted for filing. | |
| Please return all corresp | condence concerning this matte | r to the following: | |
| | | Marco Norma | |
| | | Name of Person | |
| | | Ferma, LLC | |
| | | Firm/Company | |
| | 959 | West Avenue, Suite 14 | |
| | | Address | |
| | M | iami Beach, FL 33139 | |
| | | City/State and Zip Code | |
| | mar | conorma@bellsouth.net to be used for future annual report noti | faction |
| Dan Cardhan in Caraca | | | Heations |
| ror further information (| concerning this matter, please of | can: | |
| M | arco Norma | at (786) | 942-2395 |
| Name o | of Person | | ne Telephone Number |
| Enclosed is a check for t | he 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



| FERM | A, LLC | | |
|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------|---------------------|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited) | ny as it now apper Liability Company) | ers on our records.) | |
| The Articles of Organization for this Limited Liability Company | were filed on | March 8, 2004 | and assigned |
| Florida document numberL0400018038 | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab | oility company he | re: | |
| The new name must be distinguishable and end with the words "Lim" "L.L.C." | ited Liability Comp | any," the designation "LLC | or the abbreviation |
| Enter new principal offices address, if applicable: | 959 West Avenue | | |
| (Principal office address MUST BE A STREET ADDRESS) | Suite 14 | | |
| | Miami Beach | n, FL 33139 | |
| Enter new mailing address, if applicable: | | | |
| (Muiling address MAY BE A POST OFFICE BOX) | | | |
| B. If amending the registered agent and/or registered of | for address | | C 41 |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | | our records, enter the 1 | name of the new |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | En | nter Florida street address | |
| | | , Florida | |
| | City | Z | ip 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 608, 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 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 = Ma | anaging Member | | |
|---------------|-----------------------------------------|--------------------------------------------------------------|-----------------------------------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| MGRM | Rossano Ferretti | 959 West Avenue Suite 14 Miami Beach, FL 33139 | |
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| D. If amendin | ng any other information, | enter change(s) here: (Attach additional sheets, if no | ************************************** |
| | | | SECRET DIVISION O |
| | | | |
| Dated | January 1 | | ATIONS |
| _ | Signature | of a member or authorized representative of a member | |
| _ | ~ · · · · · · · · · · · · · · · · · · · | Marco Norma, Managing Member Typed or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00