(Re	equestor's Name)	
(Ac	ddress)	
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. (Ci	ty/State/Zip/Phone	#)
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K.SALY EXAMINER JUN 2 4 2013

COVER LETTER

10: Registration Section Division of Corporations
SUBJECT: Openfilm 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:
Name of Person Openfilm LLC Firm/Company 3363 NE 163 rd St Swith 705 Address N.Miami Black Fl 33160 City/State and Zip Code in a net ellment can B-mail-address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jordhan New at (305 507 8808) Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

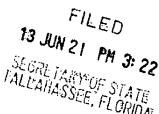
MAILING ADDRESS:

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



	- FLURION
Openfilm, 12	C C C C C C C C C C C C C C C C C C C
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Companifornida document number LODOUM 59	y were filed on 1116207 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and end with the words "Lin" "L.L.C."	nited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	3363 NE 163 rd St.
(Principal office address MUST BE A STREET ADDRESS)	Suite 705
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N. MIAMI BEACH + 1 33160 3363 NE 163 ^{cd} St. Swife 705 N. Miami Beach F133160
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	ffice address on our records, <u>enter the name of the new</u>
Name of New Registered Agent: Ne+ ‡	Hement International Inc.
New Registered Office Address: 3363	IE 163 St SWIR 705 Enter Florida street address
N.Miami	Blach, Florida 33/60
	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 form 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, <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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Enerhund LIC	1450 S. Miami tue	Add
		Miami FL 33130	Remove
NGRM	NetElement	3363 NE 1631d St. Suite 705	Add
	International Inc.	Suite 705	Remove
		N. Miami Beach Fl	
			Add
			Remove
			_
			Add
			Remove
			·
			Add
			Remove
			_
· <u> </u>			_ Add
			Remove
			<u> </u>

D. If amending any othe	r information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
Dated JUNE	17,203
Ü	
	Signature of a member or authorized representative of a member
	nathan New
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00