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(Requestor's Name)				
<u> </u>				
(Address)				
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(City/State/Zip/Phone #)				
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(Business Entity Name)				
(Document Number)				
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SECRETARY OF STATE
SECRETARY OF STATE

S. HAWKES

MAY 0 4 2010

EXAMINER

COVER LETTER

TO:

Registration Section

Division of	f Corporations				
SUBJECT:	. NIC	ORI LLC			
30B0EC1	Name of Limited Liability Company				
The enclosed Article	es of Amendment and fee(s) are sub	mitted for filing.			
Please return all con	respondence concerning this matter	to the following:			
	Elisabetta Oriente				
		Name of Person	-		
Fiπn/Company					
		311 189th Street			
		Address			
	Sunny Is	sles Beach, FL, 33160-243	37		
		City/State and Zip Code			
	E-mail address: (1	lyser04@yahoo.com to be used for future annual report notif	ication)		
For further informat	ion concerning this matter, please c		,		
	, vo, p, p				
	Elisabetta Oriente		237-1104		
Ni	ame of Person	Area Code & Daytim	e Telephone Number		
Enclosed is a check	for the following amount:				
	-	Des on Pilling For 9	Fig. 00 Elling For		
\$25.00 Filing Fe	e \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		STREET/COUR	IER ADDRESS:		
		Registration Section			
		Division of Corpo Clifton Building	rations		
	allahassee, FL 32314	2661 Executive Co	enter Circle		
- wastendardely that Shirt t		Tallahassee, FL 32			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NICOR					
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.)				
(A Florida Limited L	Clability Company)				
The Articles of Organization for this Limited Liability Company	were filed on February 8, 2010 and assumed				
Florida document number L10000014941					
	in the second se				
	Fig. 7				
This amendment is submitted to amend the following:					
	OF 5				
A. If amending name, enter the new name of the limited liab	oility company here:				
	7				
The new name must be distinguishable and end with the words "Limi "L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation				
Enter new principal offices address, if applicable:	311 189th Street				
(Principal office address MUST BE A STREET ADDRESS)	Sunny Isles Beach, FL, 33160-2437				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
Muuing uuuress MAT DE A FOST OFFICE BOA					
B. If amending the registered agent and/or registered of	ffice address on our records, enter the name of the new				
registered agent and/or the new registered office address here	<u>e</u> :				
Name of No. Booker of Accord					
Name of New Registered Agent:					
New Registered Office Address:					
Enter Florida street address					
	ANNUL I FOLIAGE DEL GAMELOGO				
	, Florida				
	City Zin 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, <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>	Name	Address	Type of Action
MGRM	Nicolas M. Oriente	820 15th Street #7	Add
		Miami Beach, FL, 33139	Remove
			102
			Add
			Add Remove
			The s
			SEE
			Add Remove
			
			Add
			Remove
			
			Add
			Remove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	
			
·····			
			
Dated	04-29,2	010.	
	Elindely	5 Oventes	
	_	or authorized representative of a member	
		d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00