

L1006059330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

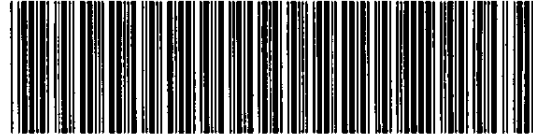
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NOA INVESTMENTS, 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:

HORACIO DE GRAZIA

Name of Person

LA FONTANA D'ORAZIO, LLC

Firm/Company

8333 NW 53rd Street Suite 450

Address

Miami, FL 33166

City/State and Zip Code

nahimus@yahoo.com

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

For further information concerning this matter, please call:

Nahima Mustafa

Name of Person

786 3126984

at () 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

SECRETARY OF STATE
TALLAHASSEE, FL 32301
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

NOA INVESTMENTS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/02/2010 and assigned Florida document number L10000059330.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8333 NW 53RD STREET SUITE 450
MIAMI, FL 33166

2010 JUN -6 PM 1:04
SECRETARY STATE
TALLAHASSEE FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: HORACIO DE GRAZIA

New Registered Office Address: 8333 NW 53RD STREET SUITE 450
Enter Florida street address

MIAMI, Florida 33166
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 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.

Horacio De Grazia
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:

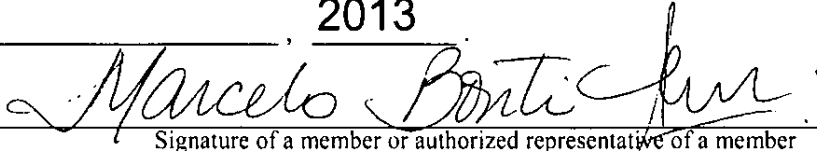
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	HORACIO DE GRAZIA	8333 NW 53RD ST SUITE 450 MIAMI, FL 33166	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	MARCELO BONDI	1062 BRICKELL AVE MIAMI, FL 33131	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	MARCELO BONDI	1062 BRICKELL AVE MIAMI, FL 33166	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	LEVIN DE GRAZIA	8333 NW 53RD STREET SUITE 450 MIAMI, FL 33166	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	UBER MANTOVANI	8333 NW 53RD STREET SUITE 450 MIAMI, FL 33166	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated 06/05, 2013



Signature of a member or authorized representative of a member

MARCELO BONTI

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE FL 32304

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