

#L 10000107700

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

51792

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

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SECRETARY OF STATE  
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SOMANA PLUS RE, LLC

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K. SALLY  
EXAMINER  
JUL 5 - 2012

Electronic Filing Menu

Corporate Filing Menu

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H1200074870

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

SOMANA PLUS RE, 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 10/15/2010 and assigned  
Florida document number L10000107700

This amendment is submitted to amend the following:

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

NEW HORIZONS RE, LLC

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)

9130 S DADELAND BLVD

SUITE 1509

MIAMI, FL 33156

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9130 S DADELAND BLVD

SUITE 1509

MIAMI, FL 33156

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:

New Registered Office Address:

Enter Florida street address

Florida

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.

If Changing Registered Agent, Signature of New Registered Agent

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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:

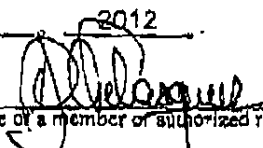
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	SOMANA PLUS, LLC	10503 SW 134 PL MIAMI FL 33186	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	JULIO VELASQUEZ	10503 SW 134 PL MIAMI FL 33186	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Juan Pablo Suza Florez	800 BRICKELL AVE SUITE 300 MIAMI FL 33131	<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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated JULY 3 2012

  
Signature of a member or authorized representative of a member

SOMANA PLUS, LLC MGRM

Typed or printed name of signee

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