L10000118979

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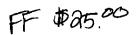
03/08/11--01003--002 **25.00



D. BRUCE

MAR 9 2011

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COVER LETTER

TO: Registration 5 Division of Co				
SUBJECT:	NOF	ERLU, LLC.		
		ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	, .	2
Please return all corresp	oondence concerning this matte	r to the following:	•	
		Julio Nogueira		
		Name of Person		•
		NOFERLU, LLC.		
		Firm/Company .		
		P.O. Box 821007		
		Address		≥ 0 →
	S	outh Florida, FL 33082		T IL CORETARY LLAHASSE
 		City/State and Zip Code		ASS.
	julic	_nogueira@yahoo.com to be used for future annual report notific		SSEE. P
	E-mail address: (to be used for future annual report notific	cation)	五元 畫 二
For further information	concerning this matter, please	call:		1-8 MIZ 59 TARY OF STATE ASSEE, FLORIDA
G	Serald Lopez	at (954)	543-3697	Orri G A
	of Person	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)		of Status &
	LING ADDRESS: tration Section	STREET/COURIE Registration Section		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

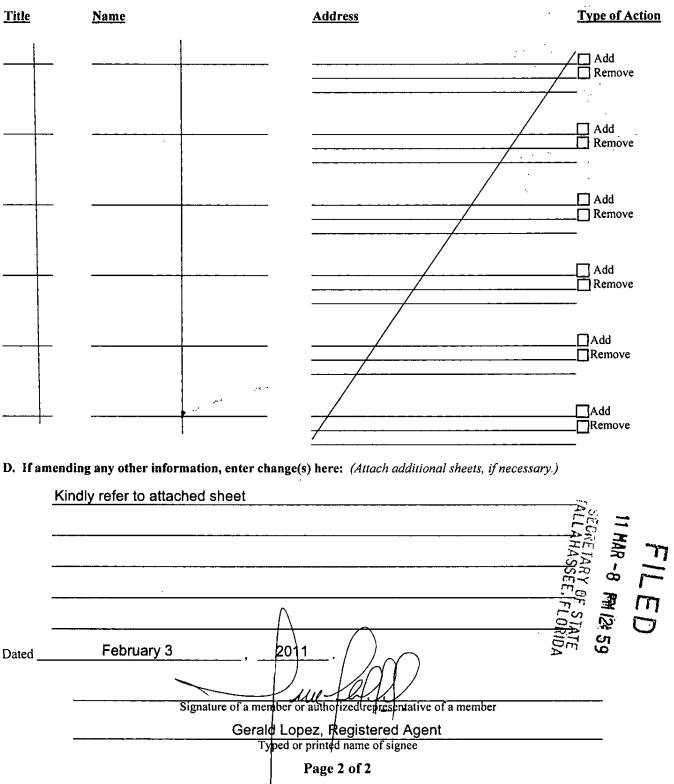
NOFER (Name of the Limited Liability Com	RLU, LLC.	rs on our records		
(A Florida Limite	d Liability Company)	is on our records.		
The Articles of Organization for this Limited Liability Compa	ny were filed on	11/15/2010	and assigned	
Florida document numberL10000118979			•	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	ability company he	<u>re</u> :		
				_
The new name must be distinguishable and end with the words "L "L.L.C."	imited Liability Comp	any," the designation "L	LC" or the abbrevi	ation
Enter new principal offices address, if applicable:			ALE T	
(Principal office address MUST BE A STREET ADDRESS)			AR AR	<u> </u>
			-8	
				П
Enter new mailing address, if applicable:			S 12	
(Mailing address MAY BE A POST OFFICE BOX)			0 A	_
B. If amending the registered agent and/or registered		our records, enter t	he name of the	new
registered agent and/or the new registered office address h	<u>iere</u> :			
Name of New Registered Agent:				
 				_
New Registered Office Address:	En	ter Florida street addı	ress	—
•	·	, Florida		
	City	, - 101144	Zip Code	_
New Registered Agent's Signature, if changing Registered Age	nt:			

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	= Managing	Member



Filing Fee: \$25.00

ARTICLE 6, Capital Contributions is hereby amended to read as follows:

Capital contributions in the amount of \$1,000.00 cash shall be paid to the limited liability company by the three members in the following amount and proportion: Julio Nogueira \$250.00 (25%), Fremar Investment Inc. \$500.00 (50%), and Silvia Lucero \$250.00 (25%). Additional contributions will be made as required for investment purposes.

11 MAR -8 M 12: 59
CALLAHASSEE, FLORIDA