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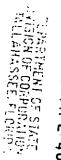
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S. YOUNG

COVER LETTER

ction porations		
NU Era De	velopment LLC	
Name of Lim	ited Liability Company	
Amendment and fee(s) are sub	mitted for filing.	
ndence concerning this matter	to the following:	
	Edward Moise	
	Name of Person	
	Almo Consulting, Inc.	
	Firm/Company	
	5304 NW 67th Ave	
	Address	
	Fort Lauderdale, FL 333	19
	City/State and Zip Code	
E-mail address: (- -	
		,
· ,		270-9322
	at ()	Daytime Telephone Number
retson	Aica Code	Daytine reseptione Number
e following amount:		
□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl	Certificate of Status &
<u>:</u> ection	<u>Street Ad</u> Registra	Idress: ation Section
	E-mail address: (Incerning this matter, please c Moise Person \$30.00 Filing Fee & Certificate of Status	NU Era Development LLC Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: Edward Moise Name of Person Almo Consulting. Inc. Firm/Company 5304 NW 67th Ave Address Fort Lauderdale, FL 333 City/State and Zip Code edmoise@gmail.com E-mail address: (to be used for future annual of the company o

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

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NU Era Deve	opment LLC	~3	
(Name of the Limited Lia	bility Company as it now appears rida Limited Liability Company)	on our records.)	
(A Flo	rida Limited Liability Company)	75 P	
The Articles of Organization for this Limited Liability	Company were filed on		assigned
Florida document number1.19000297372		SSI	,
r torida document number	 •	PA CA	<u> Fil</u>
This amendment is submitted to amend the following	:	GRAN N	, U
A. If amending name, enter the new name of the l	imited liability company he	<u>re</u> :	`
The new name must be distinguishable and contain the words "I	.imited Liability Company," the de	signation "LLC" or the abbreviation	ı "L.L.C."
· ·		_	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRFSS)		
(1) med and office dame to the ball of the		·· ·	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
intuiting dualess MAT DE ATOST OFFICE BOX)	 		
B. If amending the registered agent and/or registe	red office address on our re	cords anter the name of the	new registered
agent and/or the new registered office address her		cords, enter the name of the	new registered
agent and/or the new registered office address her	E•		
Name of New Registered Agent:			
Name of New Registered Agent.	•		
New Registered Office Address:			
New Registered Office Address.	Enter Flori	da street address	
	Estati i inst	men der von Mader bou	
		_ , Florida	
- -	City	Zip Co	ode

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 605, 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	Shane Cordell	1126 NW 6th Ave	□Add
		Fort Lauderdale, FL 33311	≡Remove
			□Change
MGR	Gustavo A. Villoldo	71 SW 134th Court	
		Miami FL 33154	□Remove
			□Change
			□Add
			□Remove
			□ Change
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			□Remove
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	ate is listed, the date must be s late inserted in this block							
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cord specif	ties a delayed effective da	e, but not an	effective tim	e, at 12:01 a.	m. on the earl	ier of: (b) 1	he 90th day afte	er the
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