P09000009616

| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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SECRETARY OF STATE

4/10/09

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: NOLIMIT E | ENERGY, INC. | |
|--|---|--|
| DOCUMENT NUMBER: P09000009 | 9616 | · |
| The enclosed Articles of Amendment and fee a | are submitted for filing. | |
| Please return all correspondence concerning the | is matter to the following: | |
| | EX ORTIZ, CPA of Contact Person) | |
| (Name | of Confact Person) | |
| | BALLOS, ORTIZ & VEGA, CPA'S | |
| (FII | rm/ Company) | |
| 35 | 4 SEVILLA AVE | |
| | (Address) | |
| | _ GABLES, FL 33134 tate and Zip Code) | |
| For further information concerning this matter, | • | |
| Alex Ortiz, CPA (Name of Contact Person) | at (305) 448 (Area Code & Daytime | -5255 Telephone Number) |
| Enclosed is a check for the following amount n | | • |
| \$35 Filing Fee \$ Certificate of Status | \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | \$52.50 Filing Fee Certificate of Statu Certified Copy (Additional Copy is enclosed) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301 | rcle |

Articles of Amendment to Articles of Incorporation of

FILED

2009 APR -8 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOLIMIT ENERGY, INC.

(Name of Corporation as currently filed with the Florida Dept, of State)

| P09000009616 | | |
|--|--------------------------------|--------------------------|
| (Document Number of Corporation | on (if known) | |
| Pursuant to the provisions of section 607.1006, Florida Statut following amendment(s) to its Articles of Incorporation: | es, this Florida Profit | Corporation adopts the |
| A. If amending name, enter the new name of the corporation | <u>ı:</u> | |
| The new name must be distinguishable and contain the "incorporated" or the abbreviation "Corp.," "Inc.," or Co., "Co". A professional corporation name must contain association," or the abbreviation "P.A." | " or the designation "(| Corp," "Inc," or |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | <u>-</u> - |
| | | -117 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 354 Sevilla | qve |
| | 354 Sevilla (Coral Gables, | FL 33134 |
| D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add | | er the name of the |
| Name of New Registered Agent: | | |
| New Registered Office Address: (Florid | da street address) | _ |
| · | (0:4) | _, Florida |
| | (City) | (Zip Code) |
| New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am position. | | t the obligations of the |
| | | |

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:
(Attach additional sheets, if necessary)

| <u>Title</u> | Name | Address | Type of Action |
|------------------|--|---|----------------|
| Dir | Pili Montanez | 970 Fontaine bleau Blue Aut 203 Mami, FL 33172 | Add Remove |
| Pres + Dir | FABIO CIRAULO | 131 west 64th st thalcah, Fi 33012 | Add Remove |
| VP_ | Javier Gonzalez | 9701 Fortainebleau Blue Apt 203 Miami, FL 33172 | Add Remove |
| | ing or adding additional Articles, ent ditional sheets, if necessary). (Be spe | | |
| | | | |
| | | | |
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| <u>provision</u> | endment provides for an exchange, rest for implementing the amendment is applicable, indicate N/A) | | |
| | | | |
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| | • | | |

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|--|---|-------------------------------|
| f <u>ves</u> | Javier Gonzalez | 9701 Fontainebleau M Aut 203 Mami, Fi. 33172 | Add Add Remove |
| ***** | * 1. () | | Add Remove |
| | | | Add Remove |
| (attach a | additional sheets, if necessary). (Be sp | ecijic) | • |
| | | | |
| provisi | mendment provides for an exchange, ions for implementing the amendment not applicable, indicate N/A) | reclassification, or cancellation of t if not contained in the amendme | fissued shares, nt itself: |
| | | | |
| | | | |
| | | | |

| The date of each amendment(s) adoption: D3 09 09 Effective date if applicable: 03 09 09 (no more than 90 days after amendment file date) |
|---|
| |
| |
| Adoption of Amendment(s) (CHECK ONE) |
| The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval. |
| The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s): |
| "The number of votes cast for the amendment(s) was/were sufficient for approval |
| by" |
| _ |
| The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required. |
| The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. |
| Dated 04/03/09 |
| Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) |
| (Typed or printed name of person signing) |
| d Executive Vice- President. |