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AUG 2.7 2014 C. CARROTHERS

COVER LETTER

Division of Corporations			
NAME OF CORPORATION: Norinel Investments Inc			
DOCUMENT NUMBER: P14000065676			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Odijas Caminha			
Name of Contact Person			
OGC Associates P.A			
Firm/ Company			
244 S Military Trail			
Address			
Deerfield Beach, FL 33442			
City/ State and Zip Code			
ogc@ogcfinancial.com			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Odijas Caminha at (954) 708-2817			
Name of Contact Person Area Code & Daytime Telephone Number			

Enclosed is a check for the following amount made payable to the Florida Department of State:

□\$43.75 Filing Fee &

Certificate of Status

Mailing Address

\$35 Filing Fee

TO: Amendment Section

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

Street Address

□\$43.75 Filing Fee &

(Additional copy is

Certified Copy

enclosed)

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

□\$52.50 Filing Fee

Certified Copy (Additional Copy

is enclosed)

Certificate of Status

Articles of Amendment Articles of Incorporation

FILED

Norinel Investments Inc

14 AUG 22 PM 2: 29

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

P14000065676

SECKETARY OF STATE TALLAHASSEE, FLONDA

nt(s) to

(Document N	Number of Corporation (if k	nown)	ię .
ursuant to the provisions of section 607.100 s Articles of Incorporation:	06, Florida Statutes, this FI	orida Profit Corporatio	n adopts the following amends
. If amending name, enter the new name	e of the corporation:		
ame must be distinguishable and contain Corp.," "Inc.," or Co.," or the designation ord "chartered," "professional association	on "Corp," "Inc," or "Co	o". A professional cor	The norporated" or the abbreviati poration name must contain t
Enter new principal office address, if a Principal office address <u>MUST BE A STR</u>		N/A	
Enter new mailing address, if applica (Mailing address MAY BE A POST OF		N/A	
If amending the registered agent and/new registered agent and/or the new registered agent and registered agent a		ss in Florida, enter the	name of the
Name of New Registered Agent	N/A 		
_	(Florida stre	et address)	
New Registered Office Address:		, Flo	orida
	(City)		(Zip Code)
lew Registered Agent's Signature, if cha hereby accept the appointment as register		ith and accept the oblig	ations of the position.
Sign	nature of New Registered A	gent, 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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	•
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	D	Paula Ribeiro Delia	244 S Military Trail
Add			Deerfield Beach, FI 33442
Remove		<u>.</u>	
2) Change	D	Glauco Alves Delia	244 Military Trail
Add			Deerfield Beach, FI 33442
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			_
Add			
Remove			
-			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	cles, enter change(s) he (Be specific)			
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		or cancellation of i	issued shares,	
If an amendment provides for an excl	hange, reclassification,	I the state of the	4 24 - IC	
provisions for implementing the ame	hange, reclassification, endment if not contains	d in the amendmen	nt itself:	
provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, endment if not containe	d in the amendmen	nt itself:	
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provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, endment if not contains	d in the amendmen	nt itself:	

The date of each amendment(s) adoption: N/A	
date this document was signed.	, if other than the
Effective date if applicable: 08/15/2014	
(no more than 90 days after amendment file date)	
Adaption of Amendment(s) (CHECK ONE)	•
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement 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" (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 08/15/2014	
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)	
Nelson Antonio Delia	
(Typed or printed name of person signing)	
President	
(Title of person signing)	