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Losood 2582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

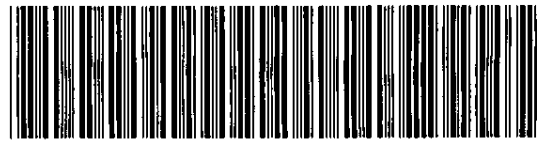
(Business Entity Name)

(Document Number)

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DATE: 1/26/15

NAME: OLD FIRM L.L.C.

TYPE OF FILING: AMENDMENT

COST: 55.00

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TALLAHASSEE

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

OLD FIRM L.L.C.

(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 02/05/2008 and assigned Florida document number L08000012582.

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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 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 Changing Registered Agent, Signature of New Registered Agent

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CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF
DADE, FLORIDA

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|--------------------------|------------------------------------|---|
| MGR | NEVEN PERICA | Bakarska 17 | <input checked="" type="checkbox"/> Add |
| | | Zagreb, Croatia <i>[Signature]</i> | <input type="checkbox"/> Remove |
| MGR | Hristo Vuchew | Ulica Georgija Pejačevića 61 | <input checked="" type="checkbox"/> Add |
| | | Sofija, Bulgaria | <input type="checkbox"/> Remove |
| AMBR | NEVEN PERICA (99%) | Bakarska 17 | <input checked="" type="checkbox"/> Add |
| | | Zagreb, Croatia <i>[Signature]</i> | <input type="checkbox"/> Remove |
| AMBR | BAT Hrvatska d.o.o. (1%) | Ivana Lučića 2a/11 | <input checked="" type="checkbox"/> Add |
| | | 10000 Zagreb, Croatia | <input type="checkbox"/> Remove |
| | | <i>[Signature]</i> | <input type="checkbox"/> Add |
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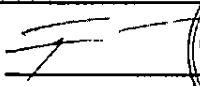
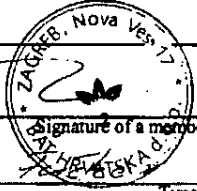
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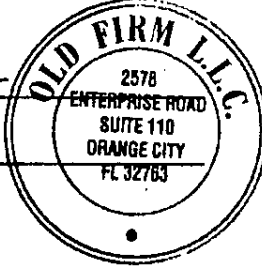


D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated _____


Signature of a member or authorized representative of a member

Tomislav Zuckerman
NEVEN PERIC
Typed or printed name of signer



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SEC. OF STATE
TALLAHASSEE, FLORIDA