L12000048781

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SECRETARY OF STATE DIVISION OF CORPORATION

JUN 2 4 2013

T. HAMPTON

COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT: SOJAMA LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gregory R. Fishman, Esq.

Name of Person

Gregory R. Fishman, P.A.

Firm/Company

2750 N.E. 185th Street, #204

Address

Aventura, FI 33180

City/State and Zip Code

greg@grfpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gregory R. Fishman, Esq.

_{4,7}305,792-6945

Name 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)

□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOJAMA LLC		
(Name of the Limited Li	ability Company as it now appears on o orida Limited Liability Company)	ur records.)
(A FI	forida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number <u>L12000048781</u>	oility Company were filed on 04/10/20	and assigned QRE TO THE PROPERTY OF THE PROPER
This amendment is submitted to amend the follow A. If amending name, enter the new name of the		RY OF STATION OF PHIZ: 30
7. If amending name, enter the new name of the	TO THE PARTY COMPANY, NO. C.	30
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Company," th	e designation "LLC" or the abbreviation
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET	ADDRESS)	
•		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office.		cords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
New Negistored Office Address.	Enter Flo	orida 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 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

	•		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Gustavo G. Sterman Street	2750 N.E. 185th Street	Add
		Ste. 204	Remove
		Aventura, FL 33180	
MGRM	Maria Sol Sterman Tentori	2750 N.E. 185th Street	Add
		Ste. 204	Remove
		Aventura, FL 33180	
MGRM	NOS 5 Ltd., a British Virgin Islands Corp.	2750 N.E. 185th Street	✓ Add
•		#204	Remove
		Aventura, FL 33180	
MGRM	Jazmin Sterman Tentori	2750 N.E. 185th Street	Add
		#204	Remove
		Aventura, FL 33180	
MGRM	Flavia Tentori	2750 N.E. 185th Street	— Add
		#204	Remove
		Aventura, FL 33180	Kemove
			- IS AND ASSE
			ED OF STA DRPORAL

). 11 amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_{Dated} Jur	ne 19, 2013
	Signature of a member or authorized representative of a member
	GREGORY R. FISHMAN, ESQ./// Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF SIMIL BUSION OF CORPORATIONS