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FILED

D. BRUCE

OCT 15 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: DIJGROUP III 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:	
Lucas Bianca I Vallejos Mara Name of Person	
DLJ GROUP III LLC Firm/Company	
4035 NW 19 AUC .	
OPa Lacka Fl 33054 City/State and Zip Code	
Map-Construction enotinal. Lom E-mail address: (to be used for future annual report notification)	Þ
For further information concerning this matter, please call:	27 27 27
Luca Blanca at 184 356 6486	NOVED
Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	4
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee & \text{Certified Copy} (additional copy is enclosed)}\$\$ \$60.00 Filing Fee, \text{Certified Copy} (additional copy is enclosed)}\$\$ \$\$ Certified Copy (additional copy is enclosed)	٠

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

Name of the Limited Liability Compa	any as it now appears on our re	cords.)		
(Name of the Limited Liability Comp. (A Florida Limited	Liability Company)	,		
The Articles of Organization for this Limited Liability Company Florida document number <u>L120000+0++++0</u> .	y were filed on <u>06/15/</u>	2012 and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
nk				
The new name must be distinguishable and end with the words "Lin" "L.L.C."	nited Liability Company," the des	signation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	<u>DIA</u>	> (2)		
(Principal office address MUST BE A STREET ADDRESS)		5.2.0		
		SEE SEE		
Enter new mailing address, if applicable:	n\ A			
(Mailing address MAY BE A POST OFFICE BOX)	•	<u> </u>		
		gm N		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		ls, enter the name of the new		
Name of New Registered Agent:	NIA			
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 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 = Mar MGRM = M	nager Ianaging Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	SCHWERI CEDRICN	14035 NW 19 AVE OPG LOCKO FL 32054	Add Remove
	<u> </u>		Add Remove
Advandador (FFT) - de translator			Add Remove
 			Add Remove
			Add Remove
D. If amend	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	Add FILED FILED Remove CALLON AND FILED FILED AND FILED AND FILED FILED AND FILED
			AND ILED 2 PM 1: 32
Dated	······································	The last	
		or authorized representative of a member UCOJ BION CO MGR. Tor printed name of signee	

Page 2 of 2

Filing Fee: \$25.00