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SECRETARY OF STATE

COVER LETTER

TO:	Registration : Division of Co	Section orporations		
SUBJI	FCT:	DIE	SOMA LLC	
30.041			luếd Liability Company	
The en	closed Articles o	of Amendment and fce(s) are su	bmitted for filing.	
Please	return all corresp	condence concerning this matter	r to the following:	
			Dijana Markoja	
			Name of Person	
			Firm/Company	
			451 Malaga Avenue	
			Address	
		С	Oral Gables ,FL 33134 City/State and Zip Code	
		E-mill delemons	dijana@markoja.hr to be used for future annual report notific	
For fur	ther information	concerning this matter, please of		auton)
	Di	jana Markoja	at(786)	200-0073
	Name	of Person	Area Cod: & Daytime	Telephone Number
Enclose	ed is a check for t	the following amount:		
₹ 25.	.00 Filing Fee	[]\$30.00 Filing Fee & Certificate of Status	[]\$55.00 Filing Fee & Certified Copy (additional copy is enclused)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		JNG ADDRESS: ration Section	STREET/COURIE Registration Section	

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
Tallaharsee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIBOMA				
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears ability Corapany)	on our records.)	*****	
The Articles of Organization for this Limited Liability Company	were filed on	07/10/2012	and assig	ned
Florida document numberL12000089768				
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited light</u>	lity company here:			
The new name must be distinguishable and end with the words "Limit" L.L.C."	ed Liability Company	," the designation "I.A.	C" or the abb	breviation
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 offi registered agent and/or the new registered office address here Name of New Registered Agent:		records, enter the	name of	the new
			5.2	+2 attents - 0 attents
New Registered Office Address:	Enter	Florida street addres		e it
	City	, Florida	Zip.Code	<u> </u>
New Registered Agent's Signature, if changing Registered Agent:	•		금음	ලා #*
			* ·	

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, Signuture 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	Boris Markoja	451 Malaga Avenue Coral Gables Fl 33134	☐ Add ☐ Remove		
			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove 		
	**************************************		Add Remove		
D. If amendin	g any other information, enter change(s	a) here: (Attach additional sheets, if necessary.)			
			_		
Dated	July 16 , 2012	2			
	Į.	Wi:			
_	Đij	authofized representative of a member and Markoja			
	Typed or	printed name of signee			

Page 2 of 2

Filing Fee: \$25.00