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SELECTION OF STATE OF STATE OF CORPORATION

T. HAMPTON
MAR 1 8 2010

EXAMINER

COVER LETTER

TO: Registration S Division of Co		#	***
SUBJECT:	Concrece	el USA SW, LLC	
Soboleci.		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
		David Gembala	
		Name of Person	
	C	oncrecel USA SW, LLC	
		Firm/Company	
		281 NE 32 Street	
		Address	
	For	t Lauderdale, FL 33334	
		City/State and Zip Code	
	DGen	nbala@concrecelusa.com to be used for future annual report notifi	
		·	ication)
For further information	concerning this matter, please of	call:	
	vid Gembala	at (<u>954</u>) Area Code & Daytim	5630235
Name	or reison	Area Code & Daynin	e reiephone Number
Enclosed is a check for t	he 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

(Name of the Limited L (A F	ncrecel US iability Compar lorida Limited L	SA SW, LLC by as it now appears of liability Company)	n our records.)		
The Articles of Organization for this Limited Liab Florida document number		were filed on	1/5/2010	and assigned	
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liab	ility company here:			
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Company,	" the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:		281 NE 32 Street		ISION	
(Principal office address MUST BE A STREET ADDRESS)		Fort Lauderdale	, FL 33334	5 100	
Enter new mailing address, if applicable:		281 NE 32 Stre	et	THEO STA	
(Mailing address MAY BE A POST OFFICE BOX)		Fort Lauderdale		6	
				<u>SS</u> .	
B. If amending the registered agent and/or registered agent and/or the new registered office	-		records, enter the	ne name of the new	
Name of New Registered Agent:	David Gembala				
New Registered Office Address:	New Registered Office Address: 281 NE 32nd Street				
		Enter	Florida street addr	ess	
	Fort	Lauderdale	, Florida	33334	
	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 = N	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			AddRemove
	**************************************		Add Remove
			Add Remove
D. If amen	ding any other information	, enter change(s) here: (Attach additional sheets	if necessary.) SEGRETARY OF STARY OF STARY OF CORPOR
 Dated	March 15		ATIONS:
		To for manufacture and the state of a second	her
	Signatu.	re of a member or authorized representative of a mem	nei
		David Gembala Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00