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J. SAULSBERRY EXAMINER

OCT 4 2011

COVER LETTER

TO:

Registration Section

Divis	sion of Cor	porations								
CUDIFOT.	Bric	Growp	USAL	. د ح						
SUBJECT.			Name of Limi	ted Liability (Company	***************************************				
The enclosed	Articles of	Amendment ar	nd fee(s) are sub	omitted for fili	ng.					
Please return a	all correspo	ndence concer	ning this matter	to the follow	ng:					
		STE	ve-2 m.	KLeinb	ده و د					
				Name of	Person					
		Smx	, Accou	majng a	Zervicez	±~ c.				
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For further inf	formation c		matter, please o					A	0	
Sieve	c	Kleinbe f Person	٠,,٠	at (Area Code & D	9-122	0			
	Name o	f Person			Area Code & D	aytime Telepho	ine Numbei	Γ		
Enclosed is a	check for th	ne following an	nount:							
\$25.00 Fili	ing Fee	\$30.00 Fi Certific	ling Fee & eate of Status	Certifi	Filing Fee & ed Copy onal copy is enc		\$60.00 Fil Certifica Certified (addition	ite of Sta I Copy	atus &	osed)
	Registr Divisio P.O. Be	ING ADDRES ation Section on of Corporation ox 6327	ons		Registration S Division of C Clifton Buildi	orporations				

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bric Group usa	LL C						
(Name of the Limited Liability Compar (A Florida Limited L	nv as it now appears on our records.) iability Company)						
The Articles of Organization for this Limited Liability Company Florida document numberLlosoolo7596	were filed on 10-14-2010 and assigned						
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the limited liabi	ility company here:						
The new name must be distinguishable and end with the words "Limit "L.L.C."	red Liability Company," the designation "LLC" or the abbreviation						
Enter new principal offices address, if applicable:	140 N. Westmonte onive						
(Principal office address MUST BE A STREET ADDRESS)	Suire 200						
	ALTOMORTE SPRINGS; FL. 32714						
Enter new mailing address, if applicable:	140 N. Westmonte onive						
(Mailing address MAY BE A POST OFFICE BOX)	Juire 200						
	ALTOMONTE SPRINGS: FL. 32714-						
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:							
new Registered Office Address.							
	City , Florida F. Co. R. Florida OR Zip Code						
New Registered Agent's Signature, if changing Registered Agent:	IDA IDA						

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 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

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	ction
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SECRETA ALLAHAS	
SECRETA VLLAHAS	
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[7]	11
FLOR 8:	وست اکائیات
Dated 5 RPT. 2 WTh 2011	
Signature of a member or authorized representative of a member	
Signature of a member or authorized representative of a member Steven m. Kielnbergee Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00