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(Re	questor's Name)	
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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:		
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TO:

то:	Registration So Division of Con		·	
CHD IE		DUP USA LLC		
SUBJEC	Name of Limited Liability Company			
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		TIM PRICE		
			Name of Person	
		SMK ACCOUNTING SE	RVICES	
			Firm/Company	
		274 WILSHIRE BLVD, S	UITE 273	
			Address	·
		CASSELBERRY, FL 327	707	
			City/State and Zip Code	
		SHARONG@SMKACCO	JNTINGSERVICES.COM	
		E-mail address: (to be used for future annual report notificati	on)
For furth	er information c	concerning this matter, please c	all:	
TIM PR	ICE		407 339-1220 at ()	7.
	Name o	of Person		ephone Numbe
Enclosed	l 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 Feet Certificate of Status & Certified Copy (additional copy is enclosed)
	Regist: Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	าร

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRIC GROUP USA LLC			
(Name of the Lim	ited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited I Florida document number L10000107596	Liability Company were filed on O	CTOBER 14, 2010	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability company h	ere:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if appli	cable:	700	2
Principal office address MUST BE A STRE	ET ADDRESS)	200 mm 1 mm 2 mm 2 mm 2 mm 2 mm 2 mm 2 m	= 1
	<u></u>	75 S	2
Enter new mailing address, if applicable:		(1) (1) (1)	
(Mailing address MAY BE A POST OFFICE BOX)		T ()	U G
		nc nc	2
B. If amending the registered agent and registered agent and/or the new registered of	office address here:		ne name of the
Name of New Registered Agent:	SMK ACCOUNTING SERVICE	BS	
New Registered Office Address:	274 WILSHIRE BLVD, SUITE		
-	Enter Flo	rida street address	
	CASSELBERRY	, Florida 3270	
	City		Zip Code

New Registered Agent's Signature, it 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 605, 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.

H Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	STEVEN M KLEINBERGER	226 WILSHIRE BLVD	
		CASSELBERRY, FL 32707	■ Remove
			☐ Change
MGRM	TIM E. PRICE	274 WILSHIRE BLVD	= Add
		SUITE 273	
		CASSELBERRY, FL 32707	☐ Change
			□ Add
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record specifies a delayed he 90th day after the reco	effective date, but not an effeord is filed.	ective time, at 12:01 a	.m. oi	n the e	arlie
ed	. 2015				
	Signature of a member or authosized repre				_

Page 3 of 3

Filing Fee: \$25.00