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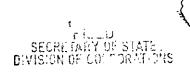
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AUG 6 2012 T. HAMPTON

COVER LETTER

TO:	Registration Se Division of Cor						
SUBJEC	CT:	PET	BRIG LLC				
		Name of Limit	ed Liability Company				
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please ro	eturn all correspo	ondence concerning this matter	to the following:				
		E	BRIAN DEL FIERRO				
			Name of Person				
		BAL	WANT CHEEMA CPA				
			Firm/Company				
			8301 NW 197TH ST				
			Address				
			MIAMI FL 33015				
			City/State and Zip Code				
		E-mail address: (i	RIAN@BALCPA.COM o be used for future annual report no	tification)			
For furtl	ner information o	concerning this matter, please c	all:				
	BRIA	N DEL FIERRO	at (305)	764-1073			
	Name o	of Person	Area Code & Dayt	ine Telephone Number			
Enclose	d 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)	Sed) Solution Status & Certificate of Status & Certified Copy (additional copy is enclosed)			
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Taliahassee, FL 32314		STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	porations Center Circle				



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

12 AUG -3 PM 12: 02

	PET BRI	G LLC		
(<u>Name of the Limite</u>	ed Liability Compan A Florida Limited Li	y as it now appear ability Company)	rs on our records.)	
The Articles of Organization for this Limited	Liability Company v	were filed on	11/21/2011	and assigned
Florida document numberL1100013				
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liabil	ity company her	<u>'e</u> :	
_	N/A			
The new name must be distinguishable and end w "L.L.C."	vith the words "Limite	ed Liability Compa	nny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if appli	icable:	<u>N</u> /A		
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	E BOX)			
B. If amending the registered agent and registered agent and/or the new registered			our records, <u>enter t</u>	he name of the new
egiote a specific and so the new registered	office addites nere	•		
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A	<u></u>		
		En	ter Florida street add	ress
			, 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 = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	FULVIA MONTECCHIANI	8301 NW 197TH ST MIAMLEL 33015	_☑ Add _☐ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
	, <u></u>		Add Remove
D. If amend	ing any other information, enter chan	nge(s) here: (Attach additional sheets, if necessary.)	
<u>N//</u>	Α		
			SECRETARY OF SIGNED SECRETARY OF SIGNED SIGN
Dated	JUNE 18 , 2	BSIGOULT	TE 18
	Signature of a memb	BRICANTI	
		ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00