L13000/01709

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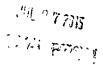
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SECRETARY OF STATE
AND ANASSEF, FLORIDA



COVER LETTER

TO:	Registration Sec Division of Corp			*
SUBJE	BRIC FLOR	RIDA LLC		·
SUBJI	SCI:	Name of Limit	ed Liability Company	
The en	closed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please	return all correspon	dence concerning this matter t	o the following:	
		TIM PRICE		
Name of Person			·	
SMK ACCOUNTING SERVICES				
Firm/Company				
274 WILSHIRE BLVD, SUITE 273				
Address				
CASSELBERRY, FL 32707				
City/State and Zip Code				
	SHARONG@SMKACCOUNTINGSERVICES.COM			
		E-mail address: (t	o be used for future annual report notif	ication)
For fu	rther information co	oncerning this matter, please ca	11:	
TIM F	PRICE		407 339-1220 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	e following amount:		
□ \$2	5.00 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)
	Registra Divisio P.O. Bo	NG ADDRESS: ation Section of Corporations ox 6327 ssee, FL 32314	STREET/COURI Registration Section Division of Corporn Clifton Building 2661 Executive Ce Tallahassee, FL 32.	n ations nter Circle

2017

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRIC FLORIDA LLC			
(Name of the Lim	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited I	LY 30, 2013 and assigned	and assigned	
Florida document number L13000107709		•	
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."	_
Enter new principal offices address, if appli	cable:	7.5 -1	
(Principal office address MUST BE A STRE	ET ADDRESS)	LC 5	1
_			T ^{al} ik
Enter new mailing address, if applicable:			=
(Mailing address MAY BE A POST OFFICE	<u></u>	- S - W	
		>	
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered office address on	our records, enter the name of the	<u>nev</u>
registered agent and/or the new registered (onice address here:		
Name of New Registered Agent:	SMK ACCOUNTING SERVICES		
New Registered Office Address:	lew Registered Office Address: 274 WILSHIRE BLVD, SUITE 273		
	Enter Flori	da street address	_
	CASSELBERRY	, Florida ³²⁷⁰⁷	
	City	Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as register	ed agent and agree to act in this c	anacity. I further garee to comply wit	h tha
and	co agent and agree to act m mis c	spacing, i jui mer agree to comply will	* * * * * *

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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.

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	□ Remove
		CASSELBERRY, FL 32707	Change
			Add Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			Change
			Add
			Remove 2
	Pa	age 2 of 3	OF STATE

D. If amend	ing any other information, en	ter change(s) here: (Attach additional sh	eets, if necessary.)	
- 				
Note: If	e date, if other than the date of ive date is listed, the date must be speci the date inserted in this block does t's effective date on the Departmen	filing: itic and cannot be prior to date of filing or more that s not meet the applicable statutory filing requi nt of State's records.	(optional) n 90 days after filing.) Pursuant to 605 irements, this date will not be liste	.0207 (3)(b) ed as the
	rd specifies a delayed effect Oth day after the record is f	tive date, but not an effective time, filed.	at 12:01 a.m. on the earlie	er of:
Dated	JLY 14	2015		
			ALL	5 = 77
	Signatur	re of a member or authorized representative of a m	ember G. S.	2
	ROBERTUS VAN KULIK	THE THE		-0
		Typed or printed name of signee		PH 1:44
		Page 3 of 3	9RIU	ATE I

Filing Fee: \$25.00