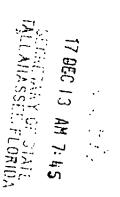
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COVER LETTER

TO:	Registration Sect Division of Corpo		*,	,	
CLID IE	TBD Venture	s. LLC			
SUBJE	L1:	,	Name of Lim	ited Liability Company	
The enel	losed Articles of A	mendmei 	nt and fee(s) are sub	mitted for filing.	
Please re	eturn all correspond	lence coi	ncerning this matter	to the following:	
		Christi	ne Menedis		
				Name of Person	
		TBD	entures, LLC		
				Firm/Company	
		6 5 38 C	 Collins Ave, #313		
			<u>'</u>	Address	
		Miami	 Beach, FL 33141 -		
				City/State and Zip Code	
		ccm@a	quarollUSA.com		
			E-mail address: (to be used for future annual report no	otification)
For furtl	her information cor	cerning	this matter, please c	all:	
Christin	ne Menedis			305 7759103 at ()	
	Name of F	Person			me Telephone Number
Enclose	d is a check for the	followin	gamount:		
□ \$25	.00 Filing Fee		DO Filing Fee & rtificate 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)
	MAILIN	G ADD	 RESS:	STREET/COU	RIER ADDRESS:
	Registrat	ion Secti	on	Registration Sect	
	Division P.O. Box	of Corpo : 6327	orations 	Division of Corp Clifton Building	orations
	Tallahass		2314	2661 Executive (

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TBD Ventures, LLC (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on March 31, 2017 and assigned Florida document number L17000073058 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: aquarollUSA, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida 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 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 Changing Registered Agent, Signature of New Registered Agent

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
MGR	Menedis Holdings, LLC	6538 Collins Ave	Add
		#313	■ Remove
		Miami Beach, FL 33141	Change
MGR	Christine Menedis	6538 Collins Avc	
		#313	
		Miami Beach, FL 33141	☐ Change
			Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			Change
		_	Add
			☐ Remove
			☐ Change
			Add
	₩ 1: 		Remove

D. If amending any other info	 rmation, enter change(s) here: (Attach additional sheets, if necessary.) *
	77 0 CC
	070 15 15 15 15 15 15 15 15 15 15 15 15 15
(If an effective date is listed, the date Note: If the date inserted in the	the date of filing:
If the record specifies a del (b) The 90th day after the	ayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
Dated December 6	2017
	Signature of a member or authorized representative of a member
Christine Menedis	
	Typed or printed name of signee
	Page 3 of 3

Page 3 of 3

Filing Fee: \$25.00