417000255346

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COVER LETTER

TO:	Registration S Division of Co			
SHDIE		USA LLC	•	
SUBJEC	.1;	Name of Lin	nited Liability Company	
The encl	osed Articles o	f Amendment and fec(s) are sub	omitted for filing.	
Please re	turn all corresp	condence concerning this matter	to the following:	
		Rod O Bello		
			Name of Person	
			Firm/Company	
		125 Jefferson Avenue, apt		
			Address	
		Miami Beach, Fl. 33139		
		elefanine@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report noti	fication)
For furth	er information	concerning this matter, please c	all:	
Rod Bell	0		305 9164212 at ()	
	Name	of Person	Area Code Daytim	e Telephone Number
Enclosed	is a check for	the following amount:		
≅ \$ 25.0	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)
_	Mailing Addre Registration		Street Address: Registration Se	ction
1	Division of (Corporations	Division of Cor	porations
	P.O. Box 633 Fallahassee,		The Centre of T 2415 N. Monro Tallahassee, FL	e Street, Suite 810

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION OF**

Gran Pri USA LLC		222 26 Fir to 24
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our re- imited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Cor	mpany were filed on 12/14/2017	and assigned
Florida document number L17000255346		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limited	d 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 ADDRE	(3.5)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	-	
3. If amending the registered agent and/or registered or gent and/or the new registered office address here:	office address on our records, <u>er</u>	iter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	ldress
		, 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 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
	Daisy Bello	145 Coutinho Frois, apt 101, Barra da Tijuca. Rio de	Ja _ ≣Add
			_ □Remove
			_ Change
	Claudino Rodrigo de Oliveira Bello	Punta Colon Street, apt2106, Punta Pacifica, Panama,	P □Add
			_ ≅ Remove
			_ 🗆 Change
			_ 🗆 Add
			_ □Remove
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ffective date, if other than the an effective date is listed, the date mustote: If the date inserted in this blocument's effective date on the D	st be specific and cannot be prio ock does not meet the applie	cable statutory filing i	(optiona e than 90 days after filir requirements, this da	ng.) Pursuant to 605.0207
record specifies a delayed effectiv is filed.	e date, but not an effective	time, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
ated	2020	·		
	Signature of a member of auti	horized representative o	f a member	
	vi aminos vi au			
Claudino Rodrigo de O				
	Typed or prin	ited name of signee		