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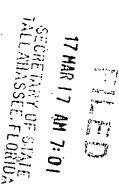
(Re	questor's Name)	
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PICK-UP	(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) ified Copies Certificates of Status ecial Instructions to Filing Officer:	
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COVER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

Div	ision of Corp	oorations					
SUBJECT:	GHA INVE	STMENTS USA LLC					
SUBJECT: Name of Limited Liability Company							
The enclosed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.				
Please return	all correspor	ndence concerning this matter	to the following:				
		RUBEN ZURGA					
			Name of Person				
		MIAMI ACCOUNTING &	Ł TAX SERVICES LLC				
Firm/Company							
		13899 BISCAYNE BLVD	P119				
			Address				
		NORTH MIAMI BEACH,	FL 33181				
			City/State and Zip Code				
		RUBEN@MIATAX.COM					
		E-mail address: (1	to be used for future annual report notific	cation)			
For further in	nformation co	meerning this matter, please ea	ıll:				
RUBEN ZU	RGA		786 657-2521				
	Name of	Person	at () Area Code Daytime	Telephone Number			
Enclosed is a	check for the	e following amount:					
■ \$25.00 F	iling 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 ADDRESS:

Registration Section

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GHA INVESTMENTS USA LLC		
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our reco ed Liability Company)	rds.)
The Articles of Organization for this Limited Liability Comparing the Comparing Compar	my were filed on 03/07/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited La	ability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
	· · · · · · · · · · · · · · · · · · ·	SE
Enter new mailing address, if applicable:		ASS P
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		77 5 77
3. If amending the registered agent and/or registered		ds, enter the name of the
egistered agent and/or the new registered office address h	<u>iere</u> :	
Name of New Dorland America		•
Name of New Registered Agent:		
New Registered Office Address:	P 19 - 1 11	
	Enter Florida street addr	S.S.S.
	, I	FloridaZip Code
	Citi	rup Couc

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
AMBR	ALVAREZ, GUSTAVO II	2751 S OCEAN DRIVE APT 303N	
		HOLLYWOOD, FL 33019	■ Remove
			🗆 Change
AMBR	CARCOMO, MARIA S	2751 S OCEAN DRIVE APT 303N	
		HOLLYWOOD, FL 33019	
			Change
MGR	SCELLATO, CLAUDIO F	2751 S OCEAN DR APT 303N	= ∆dd
		HOLLYWOOD, FL 33019	☐ Remove
			☐ Change
			Remove
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			☐ Change

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ective date, if other than the	late of filing	03/14/2017			(optional)) _		
n effective date is listed, the date must te: If the date inserted in this blo	ck does not m	eet the applica	o date of filing ble statutory f	or more than 90 day Iling-requirement	<i>r</i> s after filing ts, this date	.) Pursua will no	int to 605 it be list	5,02 .ed (
cument's effective date on the De	partment of St	tate's records.						
record specifies a delayed	effective d	ate but not	an effectiv	e time, at 12	:01 a.m.	on the	e earli	er
he 90th day after the reco	rd is filed.	aca, Bac						
. March 14		2017						
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Page 3 of 3

Filing Fee: \$25.00