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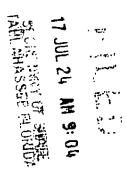
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(Address)
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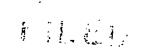
TO: Registration Se Division of Cor			
	SS USA LLC		
SUBJECT:	Name of Lin	nited Liability Company	
	Amendment and fee(s) are sub		
·	MARK SASTRE	<u> </u>	
		Name of Person	
	RODRIGUEZ AND SAST	TRE, CPA'S	
		Firm Company	
	14850 SW 26 STREET, S	UITE 102	
	·	Address	
	MIAMI, FL 33185		
		City/State and Zip Code	
	RODRIGUEZANDSASTR	E@GMAIL.COM to be used for future annual report notifi	(sutran)
For further information or	oncerning this matter, please co	·	Kanony
	meering this matter, prease ca		
MARK SASTRE		305 225-1999 at ()	
Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
■ \$25.00 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 ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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



BEST GRASS USA LLC

17 JUL 24 AM 9: 04

(Name of the Limited Liability Company as it now appears on our records, Cir. A SOLE THORPE (A Florida Limited Liability Company)

[ACL AHASSE FLORIDA The Articles of Organization for this Limited Liability Company were filed on MARCH 31, 2017 _____ and assigned Florida document number _____17000073147 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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
MGRM	CERERINO AQUINO LOPEZ	19780 SW 177TH AVE #220	
		MIAMI. FL 33187	Remove
			Change
MGRM	CEFERINO AQUINO LOPEZ	19780 SW 177TH AVE #220	■ Add
		MIAMI, FL 33187	□ Remove
			☐ Change
			Remove
			Change
			Add
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Effe	tive date, if other than the date of filing:			
If an a Note	Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this date	Pursuant to	o 605.0	207
docu	nent's effective date on the Department of State's records.	will not be	nstea	: 45
he ro Th	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. α 90th day after the record is filed.	on the e	arlier	of
Date	·			
	Occusigned by:			
	1 / 1 · SA\ L			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00