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SECRETARY OF STATE
TAIL AHASSEF FLORID.

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K. SALY JUL 3 1 2018

COVER LETTER

10		ision of Corp			
SH	вјест:		TMENTS USA		
30	Datier.		Name of Lim	ited Liability Company	
The	enclosed	d Articles of A	umendment and fee(s) are sub-	mitted for filing.	
Ple	ase returi	all correspon	dence concerning this matter	to the following:	
			RENATO	DiAZ Si	LUA
				Name of Person	
				Firm/Company	
			139 LON	GUIEW AUE	
				Address	
			(16 BRATION	U - FL. 3M City/State and Zip Code	1747
				City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
			MARCELO QUISE E-mail address: (1	16t-USA. Lom	and the second s
For	further i	nformation co	ncerning this matter, please ca		eport notification)
	Ŋ	ARUb.	Person	at (40 })	7473151.
		Name of	Person	Area Code	Daytime Telephone Number
Enc	losed is a	a check for the	c following amount:		
₽	\$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclo	Certificate of Status &

MAILING ADDRESS:

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

18 ML 25 AH & 10

TALLAHASSEE, FLORIDA

GRS INVESTMENTS USA 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	ty Company were filed on $\frac{6/5}{}$	2018 and assigned
Florida document number <u>L18000138799</u>		
This amendment is submitted to amend the following	y:	
A. If amending name, enter the new name of the	limited liability company here:	
RDS PARTNERS INVESTMENTS LLC		
The new name must be distinguishable and contain the words	Limited Liability Company," the designat	ion "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:		, at . =
(Principal office address MUST BE A STREET AL	ODRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX		
B. If amending the registered agent and/or registered agent and/or the new registered office a		records, <u>enter the name of the nev</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	
		, Florida
		Zip Code
New Registered Agent's Signature, if changing Regist	tered Agent:	
I hereby accept the appointment as registered ago provisions of all statutes relative to the proper an accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chan	id complete performance of my di d agent as provided for in Chapte tered office address, I hereby con	ities, and I am familiar with and er 605, F.S. Or, if this document is

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 FILED or removed from our records: 18 JUL 25 AH & 10 MGR = Manager SECRETARY OF STATE AMBR = Authorized Member Address Type of Action Title <u>Name</u> □ Add ☐ Remove ☐ Change □ Add □ Remove _□ Change □ Add ☐ Remove _□ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change _____ □ Add ☐ Remove

Effective date, if other than the date of filing: ((optional)) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.000 Note: If the date inserted in this block does not meet the applicable statutory lifting requirements, this date will not be listed a document's effective date on the Department of Nate's records. The 90th day after the record is filed. Dated Note: The 90th day after the record is filed.	-	10 12
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Filing Fee: \$25.00