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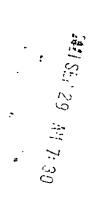
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COVER LETTER

TO: Registration S Division of Co			
	ENTERPRISES, LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub-	mitted for filing.	
	ondence concerning this matter	·	
	LAURA LERMA		
		Name of Person	
	2 GOOD ENTERPRISES.	LLC	
		Firm/Company	
	2295 S HIAWASSEE RD.	UNIT 407-A	
		Address	
	ORLANDO, FL 32835		
	<u> </u>	City/State and Zip Code	
	E-mail haddress: ()	realty e a mail to be used for the true annual report notific	· (om,
For further information	concerning this matter, please ca	9	
LAURA LERMA		201 278	8433
Name	of Person		Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	S30.00 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		<u>Street Address:</u> Registration Sect	ion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee. FL 32314 Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2 GOOD ENTERPRISES, LLC

8:1:2-29 17 7:30

(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 FEBRUARY 15, 2021 and assigned Florida document number L06000019074 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 "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

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

AMBR = A	Authorized Member	Address 3218. 29 All 7: 30	
<u>Title</u>	<u>Name</u>	Address 7: 30	Type of Action
MGRM	SAUCEDO, MARCELO	2295 S HIAWÄSSEE RD. UNIT 407-A	□Add
		ORLANDO, FL 32835	= Remove
			□Add
			□Remove
			□Change
	<u> </u>		🗆 Add
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	19 Att 7: 30
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five date, if other than the date of filing: flective date is listed, the date must be specific and can	coptional) not be prior to date of filing or more than 90 days after filing.) Pursuant to 60 the applicable statutory filing requirements, this date will not be list's records.
ord specifies a delayed effective date, but not an e iled.	effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
SEPTEMBER 23 20	$\frac{1}{2}$
Signature of a memi	per or anthorized representative of a member

Filing Fee: \$25.00