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R IVENTE AUG 1 1 2020

TO: Registration Section Division of Corporations SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:

Demetra A. Davis
Name of Person
Gordavi, UC
Hrm/Company
3215 SAlt MARSh Circle
Address
West Melbourne FL 32904
City/State and Zip Code
twodeelite@gmail.com
F-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Demetra Davis

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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, FL 32314 Street Address:

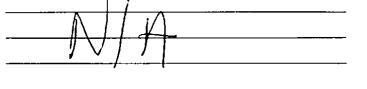
Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION
ARTICLES OF ORGANIZATION OF 20 NY 2113
(Mame 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 27 Sept 2018 and assigned Florida document number <u>L180072.736</u>
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)

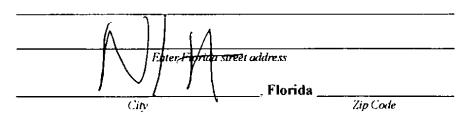
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)



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:



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
MGR ——	KALA M. Gorha	Orlando, FL 3282	S
		Orlando, FL 3287	2 ☐ Remove
			Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
			□Change
			□Add
			□Remove □Change
			□ Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□ Change

. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	Change KAIA Gorhamis percentage of ownership to 20%
	Change Demeter Davis percentage Of ownership to 80%
_	There are no other owners
_	
-	
(II an erre <u>Note:</u>	ve date, if other than the date of filing: Compared to the date of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tent's effective date on the Department of State's records.
he record ord is file	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated _	21 (UNC 2020) Signature of a member or authorized representative of a member
	Demetha Davis CEO Typed or printed name of signee