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COVER LETTER

TO:	Registration S Division of Co			
cumura	GorVa, Ll	.C.		;
SUBJEC	_ I;	Name of Lim	ited Liability Company	
The enel	osed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all corresp	ondence concerning this matter	to the following:	
		Segio A. Gordillo		
			Name of Person	
		GorVa, LLC.		
			Firm/Company	
		9051 Treasure Trove Ln. U	Init 405.	
			Address	
		Kissimmee, FL 34747		
			City/State and Zip Code	
		sgordillo@kapali.com.mx		
		E-mail address: (to be used for future annual report not	tification)
For furth	ner information	concerning this matter, please c	all:	
Sergio /	A. Gordillo		407 774-0861 at ()	
	Name	of Person	Area Code Daytii	ne Telephone Number
Enclose	d 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 Addr Registration	Section	Street Address: Registration So	
	Division of P.O. Box 63	Corporations	Division of Co The Centre of	-
	Tallahassee.			oe Street, Suite 810

Tallahassec, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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GorVa, LLC.

(Name of the Limited Liability Compa (A Florida Limited)	Invas it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.20000084956}{1.20000084956}$.	were filed on March 18, 2020 and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	WUST BE A STREET ADDRESS) Unit 205 Kissimmee, FL 34747 9055 Treasure Trove Ln.
	Unit 205
THE CHARLES WE STEEL TO STREET ADDRESSY	Kissimmee, FL 34747
Enter new mailing address, if applicable:	9055 Treasure Trove Ln.
(Mailing address MAY BE A POST OFFICE BOX)	Unit 205
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 offices	Kissimmee, FL 34747
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, <u>enter the name of the new register</u>
	Enter Florida street address
	Florida
	City Zip Code

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
	·		□Add
			□Remove
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Effective da	ate, if other tha	ın the date of f	iling:			(option	al)	
f an effective	date is listed, the di	ate must be specific	c and cannot be p	prior to date of (filing or more that tocy filing read	n 90 days after fi irements, this c	ing.) Pursuant to 60 late will not be lis	5.0207 ted as
document's	effective date on	the Department	of State's reco	ords.	84			
e record spec rd is filed.	ifies a delayed e	ffective date, but	t not an effecti	ve time, at 12	:01 a.m. on the	earlier of: (b)	The 90th day aft	er the
April	29		2020	\sim	1			
Dated				—· [)				
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				// //				
-		Signature	of a memberos	authorized repr	esentative of a n	nember		

ALTERNATION AND AREA

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