L16000159504

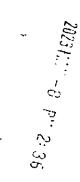
(Requestor's Name)
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S. ROBERTS

COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

73 E F PA E E 1 / 27/B1	ng solutions Ilc		
SUBJECT:	Name of Lin	nited Liability Company	
	of Amendment and fee(s) are subspondence concerning this matter	-	
	Adela Frey		
		Name of Person	
	FG PRO, LLC.		
		Firm/Company	
	6155 golf villas dr		
		Address	
	boynton beach florida 334	37	
		City/State and Zip Code	
	hi.fgsolutions@gmail.com E-mail address: (to be used for future annual report noti	fication)
For further information	n concerning this matter, please c	•	,
adela frey		561 6007879	
Name	e of Person	at () Area Code Daytim	c 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 Add		Street Address: Registration Sec	ction
Registration Section Division of Corporations		Division of Cor	
P.O. Box 6327		The Centre of T	`allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fg cleaning Solutions IIc		
(Name of the Limited Liability Co (A Florida Lim	mpany as it now appears on our records. ited Liability Company)	<u>)</u>
he Articles of Organization for this Limited Liability Comp	pany were filed on08/22/2016	and assigned
lorida document number L16000159504		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
G PRO, LLC.		
he new name must be distinguishable and contain the words "Limited L	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADDRESS</u>	5)	
•		20
		1023 F
man man mailim adduses if amplicables		F:
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		2
		7.3
		ಸು
3. If amending the registered agent and/or registered off gent and/or the new registered office address here:	ice address on our records, <u>enter t</u>	he name of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida
 -	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 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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
		.	□Add
			□Remove
			□Change
	**		□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			Remove
			Change

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Effective	date, if other than the date of filing: (optional)
	ive 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 605.0207 (3 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
	t's effective date on the Department of State's records.
the record : ord is filed	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
ora is mice	•
Dated m	ay, 03
Duice _	
	Signature of member or authorized representative of a member
	Adela Frey
	Typed or printed name of signee