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AUG 14 2018

## **COVER LETTER**

TO: Registration So Division of Con				•	
	ANING GGO GROUP LLC				
SUBJECT:	Name of Lim	ited Liability Company	<del> </del>		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	ORTEGA, GEORGE E,	JR			
		Name of Person			
	FULL CLEANING GGO	GROUP LLC			
		Firm/Company			
7200 NW 177 STREE APART #206					
		Address			
	HIALEAH FL 33015			<b>2016</b> 520 TALL	<b>-</b>
	WIMARS@GMAIL.COM	City/State and Zip Code		AUG I	
	E-mail address: (	to be used for future annual report notifi	eation)	3355 6 487 8 01	 
For further information of	concerning this matter, please ex	all;			;""" [-\]
GEORGE ORTEGA		954 3305593		1 2: LE STATE LORIDA	<b>*</b>
Name o	of Person		Telephone Number	<del></del>	
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	e 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

## FULL CLEANING GGO GROUP 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 Company	were filed on 02/19/2018 and assigned
Florida document number L18000044524	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
FULL CLEANING GGO GROUP LLC	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7200 NW 177 STREE APART #206
(Principal office address MUST BE A STREET ADDRESS)	HIALEAH FL 33015
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	7200 NW 177 STREE APART #206 HIALEAH FL 33015
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:  New Registered Office Address:	ECALLANASSEE P
	Enter Florida street address
	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 provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as public being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 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 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
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E Effective dute if other than the			4 - 42 - 15	
E. Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not meet the applica	o date of filing or more than 90 ble statutory filing requirer	(optional)  days after filing.) Pursuant to 6 nents, this date will not be li	605.0207 (3) isted as the
If the record specifies a delay (b) The 90th day after the re		an effective time, at	12:01 a.m. on the ear	lier of:
AUGUST /1	2018			
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	top-a			

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Typed or printed name of signee

Filing Fee: \$25.00