

**4800011385**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H18000201772 3)))



H180002017723ABC

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
NGK CLEANING. LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

**FILED**  
**18 JUL 11 AM 9:08**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**RECEIVED**

**2018 JUL 11 PM 4:37**

**CLERK OF THE COURT**  
**CLERK OF THE COURT**  
**CLERK OF THE COURT**

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

**O. SIMMONS**  
**JUL 12 2018**

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NGK CLEANING, 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 05/03/2018

Florida document number L18000111385

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

9581 FOUNTAINEBLEAU BLVD

(Principal office address **MUST BE A STREET ADDRESS**)

APT: 518

MIAMI, FL 33172

Enter new mailing address, if applicable:

9561 FOUNTAINEBLEAU BLVD

(Mailing address **MAY BE A POST OFFICE BOX**)

APT: 518

MIAMI, FL 33172

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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

N/A

City

Florida

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

FILED  
JUL 11 AM 9:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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>	<u>Address</u>	<u>Type of Action</u>
MGR	NIURKA M. RIOS	9420 SW 6TH TERRACE	<input type="checkbox"/> Add
		MIAMI, FL 33174	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ZULGERY G. GARAY	9561 FOUNTAINEBLEAU BLVD	<input type="checkbox"/> Add
		APT: 516	<input type="checkbox"/> Remove
		MIAMI, FL 33172	<input checked="" type="checkbox"/> Change
MGR	YORDANY MARTINEZ	9561 FOUNTAINEBLEAU BLVD	<input checked="" type="checkbox"/> Add
		APT: 516	<input type="checkbox"/> Remove
		MIAMI, FL 33172	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
JUL 11 AM 9:08  
SECRETARY OF STATE  
PALM BEACH, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

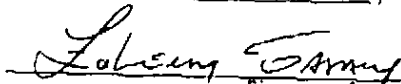
FILED  
8 JUL 11 AM 9:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 07/05/2018 (optional)

(If an effective 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)(b)  
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated JULY 05, 2018



Signature of a member or authorized representative of a member

MGR

Typed or printed name of signee