118000212815

(Req	juestor's Name)	
(Add	lress)	
(Add	Iress)	
(City	/State/Zip/Phone	: #)
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: GREEN	EGF PRO CLEAN (ne of Limited Liability Company	<u>l</u> C
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning th	is matter to the following:	
<u>D</u>	RIS MENENEDEZ-	
GREE	NLEAF PROCLEAN Firm/Company	
1418	Cholsea Dr. Address	
Dave	PORT FL 3389	1
QREEN E-mai	\sim \sim \sim	amail.com
For further information concerning this matter	please call:	SEP T
Doris Menendo Name of Person	at 407 791-184 Area Code Daytime Telep	20
Enclosed is a check for the following amount:		型型 %
\$25.00 Filing Fee \$30.00 Filing Fee Centificate of	<u> </u>	S60.00 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GDFFNLEAF	ProClean
(Name of the Limited Liabil (A Florid	ity Company as it now appears on our records.) la Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number <u>L 18000212815</u>	Company were filed on $SEP+,000000000000000000000000000000000000$
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
The new name must be distinguishable and contain the words "Lin Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDITIONAL OF A STREET	mited Liability Company," the designation "L.L.C." 1418 Chelsea DR. RESS) Davenport, FL 33897
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	211 SEP 20 TT
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, enter the name of the new dress here:
Name of New Registered Agent: New Registered Office Address:	Janica Lanzo 18 Chelseg Dr.
	Enter Florida street address OVENDORA, 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

Page 1 of 3

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>Tide</u> AMBR	Name Janice Lanzo	Address Type of Action FR 33897 1418 Chelsea Dr. Davenport Add
		Remove
		Change
		Remove
		Add
		Remove
		SSO Remove
		□ Change
 		
		Remove
		Change
	·	Add
		Remove

☐ Change

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
	- Start Star
	20
	2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2
E. Effec	ctive date, if other than the date of filing:
Note	2: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the iment's effective date on the Department of State's records.
2002	and the date of the Bepariment of State of Court
f the rob) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: ne 90th day after the record is filed.
Date	Jost 11 0 2018
Date	A CHILL
	Signature of a member or authorized representative of a member
	DURIS MENENDEZ

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Typed or printed name of signee

Filing Fee: \$25.00