## 1190000 61762

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





200336714862

11/18/19==01013==017 \*\*30.00

19 NOV 18 AM 9:46

T SCHENEDER

## **COVER LETTER**

GMG HOUSE CLEANING SERVICES LLC SUBJECT: \_ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: CARLOS ROBERTO PEDROSO GUARAGNA Name of Person GMG HOUSE CLEANING SERVICES LLC Firm/Company 6624 MISSION CLUB BLVD APT 208 Address ORLANDO, FL 32821 City/State and Zip Code MIDTAXPAPERS@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 453-9751 - ANY TIME MILAGROS DE LA CUBA Name of Person Daytime Telephone Number Enclosed is a check for the following amount: □ \$25.00 Filing Fee ■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the egistered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  MID TAX SERVICES LLC  12981 S ORANGE BLOSSOM TRAIL.  Enter Florida street address  ORLANDO Florida  Ti  Ti  Ti  Ti  Ti  Ti  Ti  Ti  Ti  T	GMG HC	OUSE CLEANIN	IG SERVICES LL	C		
lorida document number	(Name of the Limited	Liability Compa Florida Limited I	ny as it now appea Liability Company)	rs on our records.)		
his amendment is submitted to amend the following:  If amending name, enter the new name of the limited liability company here:  ENCALADE TRENDING WHOLESALE LLC  the new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC."  Inter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  Inter new mailing address MAY BE A POST OFFICE BOX)  Enter new mailing address MAY BE A POST OFFICE BOX  If amending the registered agent and/or registered office address on our records, enter the name of the egistered agent and/or the new registered office address here:    Name of New Registered Agent:   MID TAX SERVICES LLC	<u> </u>	bility Company	were filed on	03/04/2019	and a	ssigned
ESCALADE TRENDING WHOLESALE LLC  the new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Inter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:    Name of New Registered Agent:   MID TAX SERVICES LLC     New Registered Office Address:   Enter Florida street address     ORLANDO   Florida   32837		ving:				
nter new mailing address. if applicable:    Second   Seco		_	ility company h	ere:		
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)  Enter new mailing the registered agent and/or registered office address on our records, enter the name of the egistered agent and/or the new registered office address here:    Name of New Registered Agent:   MID TAX SERVICES LLC     New Registered Office Address:   Enter Florida street address     ORLANDO   Florida   32837     Florid	ESCALADE TRENDIN	G WHOLESAL	E LLC			
Enter new principal office 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 office address on our records, enter the name of the egistered agent and/or the new registered office address here:    Name of New Registered Agent:   MID TAX SERVICES LLC     New Registered Office Address:   Enter Florida street address     ORLANDO   Florida   32837     ORLANDO   Florida   32837     Florida   32837     Florida   32837     ORLANDO   Florida	he new name must be distinguishable and contain the wor	rds "Limited Liabil	lity Company," the o	lesignation "LLC" or the	abbreviation "	L.L.C."
Enter new mailing address, if applicable:    Mailing address MAY BE A POST OFFICE BOX    1523 N KELLEY AVE   1523 N KELLEY AVE	Enter new principal offices address, if applicat	ble:	1523 N KELLE	EY AVE	** *	
Enter new mailing address, if applicable:    Mailing address MAY BE A POST OFFICE BOX    1523 N KELLEY AVE   1523 N KELLEY AVE	Principal office address MUST BE A STREET	ADDRESS)	KISSIMMEE F	L 34744	<del></del>	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  Enter new mailing address, if applicable:  KISSIMMEE FL 34744  Enter the name of the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:    Name of New Registered Agent:   MID TAX SERVICES LLC     New Registered Office Address:   Enter Florida street address						
Mailing address MAY BE A POST OFFICE BOX)  KISSIMMEE FL 34744  B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:    Name of New Registered Agent:   MID TAX SERVICES LLC     New Registered Office Address:   12981 S ORANGE BLOSSOM TRAIL     Enter Florida street address     ORLANDO   Florida   32837					· 	1
Mailing address MAY BE A POST OFFICE BOX)  8. If amending the registered agent and/or registered office address on our records, enter the name of the egistered agent and/or the new registered office address here:    Name of New Registered Agent:   MID TAX SERVICES LLC     New Registered Office Address:   12981 S ORANGE BLOSSOM TRAIL     Enter Florida street address   32837	Enter new mailing address, if applicable:		1523 N KELLE	EY AVE		
B. If amending the registered agent and/or registered office address on our records, enter the name of the egistered agent and/or the new registered office address here:    Name of New Registered Agent:   MID TAX SERVICES LLC     New Registered Office Address:   12981 S ORANGE BLOSSOM TRAIL     Enter Florida street address   ORLANDO   Florida   32837	Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	KISSIMMEE F	L 34744		
Name of New Registered Agent:  New Registered Office Address:    New Registered Office Address				r.	9	
New Registered Office Address: 12981 S ORANGE BLOSSOM TRAIL.  Enter Florida street address  ORLANDO , Florida 32837	egistered agent and/or the new registered offi	ce address her	<u>e</u> :	ı our records, <u>ente</u>	r the name	e of the
Peter Florida street address  ORLANDO , Florida 32837	Name of New Registered Agent.					
ORLANDO, Florida32837	New Registered Office Address:					
		OBLANDO			32837	
			City	, Florida _	Zip Code	e

## 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>	<u>Name</u>	Address	Type of Action
<del></del>			Add
			Remove
			Change
		****	□ Removc
			Change
			Add
			Remove
			Change Change
			☐ Remove
			☐ Change
			Add
			Remove
			☐ Change
			□ Remove
			Change

		•
		-
		-
		•
		-
		•
		-
	22	-
	9 N	
		; ; 
	: =:	17
	- 9	ر -
	8	_
		-
		-
ffective date, if other than the date of filing:	(optional)	
an effective date is listed, the date must be specific and cannot be prior to date of filinote: If the date inserted in this block does not meet the applicable statutor ocument's effective date on the Department of State's records.	ng or more than 90 days after filing.) Pursuant to 60:	
e record specifies a delayed effective date, but not an effec The 90th day after the record is filed.	tive time, at 12:01 a.m. on the earli	er c
ated Nov 08 . 2019 .		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00