# P08000027384

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
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Appendment

9/7/12 Dr

### **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: GO GR DOCUMENT NUMBER: P0800002	REEN CARPET CARE INC 17384
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning the	his matter to the following:
NEIDSON CO	OSTA
	Name of Contact Person
GO GREEN (	CARPET CARE INC
	Firm/ Company
PO BOX 621	543
	Address
ORLANDO, F	L 32862
	City/ State and Zip Code
camdencarpetca	re@gmail.com
E-mail address: (to	o be used for future annual report notification)
For further information concerning this matter	r, please call:
NEIDSON COSTA	at (407 ) 227-0401
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount	made payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing F Certificate of St	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation

## GO GREEN CARPET CARE, INC.

#### P08000027384

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•	f Amendment to Incorporation
	of
GO GREEN CARPET CARE, INC.	
(Name of Corporation as currently filed with the	a Florida Dant of State)
P0800027384	to Incorporation of  e Florida Dept. of State)
(Document Number of Corporation	n (if known)
•	nis Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered." "professional association," or the abbreviation	r "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	6005 NEWPORT LN # 102
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	ORLANDO, FL 32821
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO BOX 621543
	ORLANDO, FL 32862
D. If amending the registered agent and/or registered office at new registered agent and/or the new registered office addr.	
Name of New Registered Agent	
6005 NEWPO	PRT LN # 102
(Florida	street address)
New Registered Office Address: ORLANDO	, Florida 32821
(Ca	(Zip Code)
New Registered Agent's Signature, if changing Registered Age I herehy accept the appointment as registered agent. I am familia	
Signature of New Registere	ed Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer: CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	V	SANDRO MOREIRA	2112 BRANDYWINDE FALLS WAYS
Add		(SANDA DA SILVA MOREIDA	ORLANDO, FL 32862
X Remove			
2) Change			
Add			
Remove			The state of the s
3 ) Change			
<b>A</b> dd			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
<b>A</b> dd			
Remove			

	. (Be specific)
	•
<del></del>	
If an amendment provides for an exc	hange, reclassification, or cancellation of issued shares,
If an amendment provides for an exc provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the amo	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the amo	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the amo	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the amo	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the amo	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the amo	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s)	adoption: 09/05/2012
Effective date if applicable:	9/05/2012
<u></u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes can	st for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not required.	dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder
action was not required.	/ /
Dated	09/05/2012
Signature	Mich Llite
selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	NEIDSON COSTA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)