109000098320

(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:				





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10/29/09--01022--006.1.**25.00....



S. HAWKES

0CT 3 0 2009

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corpo					
SUBJE	CCT:	Carbon Cree	ditsSpecialists, LLC			
		Name of Limi	ted Liability Company			
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
			David W. Glass	 		
Name of Person						
Carbon Credit-Specialists, LLC.						
			Firm/Company			
			103 12th St. SW			
			Address			
		Ri	uskin, Florida 33570			
	·		City/State and Zip Code			
	-	E-mail address: (t	to be used for future annual report noti	ication)		
For fur	ther information cond	erning this matter, please c	all:			
	David	W. Glass	at (813)	385-5424		
Name of Person			Area Code & Daytin	e Telephone Number		
Enclose	ed is a check for the f	ollowing amount:				
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	\$60.00 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

Carbon C	redits Specialists, L	LG
(Name of the Limited Liabit (A Florid	ty Company as it now appea a Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Liability Florida document number L09000098320	Company were filed on	10/09/2009 and assigned
This amendment is submitted to amend the following:		15 15 15 15 15 15 15 15 15 15 15 15 15 1
A. If amending name, enter the new name of the li	<u>mited liability company he</u>	ne:
		65
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Comp	any," the designation "LLC" or the previation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ad		our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Er	ter 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 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member **Address Type of Action** <u>Title</u> <u>Name</u> MGR David W. Glass 103 12th St. SW ✓ Add Remove Ruskin, Florida 33570 Steve Currie MGRM 103 12th St. SW Ruskin, Florida 33570 ∏Add Remove ∐Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) October 26, 2009 Dated_

David W. Glass

Typed or printed name of signee

Signature of a member or authorized representative of a member

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Filing Fee: \$25.00