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(R	dequestor's Name)
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SECRETARY OF STATE

S. HAWKES
NOV 1 7 2009
EXAMINER

COVER LETTER

	istration Sision of Co				
SUBJECT:		Green Roor	m Automation LLC		
BOISECT.		Name of Limi	ted Liability Company		
		Amendment and fee(s) are sub	-		
Please return	all correspo	ondence concerning this matter	to the following:		
		Tommy Leighton Anthony Name of Person			
		Gree	n Room Automation LLC		
	Firm/Company				
			202 N Tamiami Trail		
			Sarasota, Fl 34236 City/State and Zip Code		
		tom@gr E-mail address: (reenroomautomationlic.com to be used for future armual report notification)		
For further in	nformation (concerning this matter, please o	call:		
		om Anthony	at (941) 400-1515		
	Name	of Person	Area Code & Daytime Telephone Number		
Enclosed is a	check for t	the following amount:			
\$25.00 Fi	ling Fee	▼\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified e of Status & Certified Copy (additional copy is enclosed)		
	Regist Divisi P.O. E	LING ADDRESS: ration Section on of Corporations Box 6327 lassee, 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

Green Room Au	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.
(A Florida Limited L	Assumption of the same of the
The Articles of Organization for this Limited Liability Company	were filed on November 14, 2008 and astomed
Florida document numberL08000106195	SSE OF T
This amendment is submitted to amend the following:	E. C. S.
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	202 N Tamiami Trail
(Principal office address MUST BE A STREET ADDRESS)	Sarasota, FL 34236
Enter new mailing address, if applicable:	202 N Tamiami Trail
(Mailing address MAY BE A POST OFFICE BOX)	Sarasota, FL 34236
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	Mice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter 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

Type of Action **Address** <u>Title</u> <u>Name</u> MGR William Scott Temple 1209 Holly Fern Lane ☐ Add Sarasota FL 34239 √ Remove ∏Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00