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SECRETARY OF STATE PALLAHASSEE, PLOBING

M. THOMAS

OCT 2 3 2008

**EXAMINER** 

## COVER LETTER

TO: Registration Se Division of Cor	ction porations						
SUBJECT: 6	reen Light (Name of Limit	Equity Partners ited Liability Company)	,LLC				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return all correspo	endence concerning this matter	to the following:					
	Rodrigo	Freytes (Name of Person)					
Green Light Equity Partners, LLC							
1521 Alton Rd. Suite 132 Mari, F 1 33139							
	Miami, F.	2 33139 (City/State and Zip Code)					
For further information concerning this matter, please call:							
Rodrigo	Frictes	at ( <u>787) 30 9 - 5</u> (Area Code & Daytime T	elephone Number)				
Enclosed is a check for the	he following amount:		SECRET, PALLAHAS	nà no r			
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate Of Status & Certificate Of Status & Certified Copy (additional copy is explored)				

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

Green Light Ean	ity Partners, 2LC
(Name of the Limited Liability Compan (A Florida Limited L	y ayit now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company  Florida document number	were filed on $7/5/2006$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	93 0 SEC PALL
(Principal office address MUST BE A STREET ADDRESS)	48 1 2 ·
	SSAV 2
	OF ST ID:
Enter new mailing address, if applicable:	977 7
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offi	ice address on our records, enter the name of the new
registered agent and/or the new registered office address here	
N CN	
Name of New Registered Agent:	
New Registered Office Address:	(Enter Florida street address)
	(Emer Prortae street dadress)
	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	(2)
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office of	ete performance of my duties, and I am familiar with and rovided for in Chapter 608, E.S. Or, if this document is

(If Changing Registered Agent, Signature of New Registered Agent)

company has been notified in writing of this change.

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
M <u>GRM</u>	Farid Dallal	2900 N. Militar Suite 107 Boca Raton, FL 33	☐ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
<del></del>			Add Remove 00 OCI 22 AHASSET
D. Ifameno	ding any other information, enter cha	nge(s) here: (Attach additional sheets,	T 22 AM 10: 27 HASSEE, FLORIDA
			2.7 IDA
Dated	October 20th, 2	008	
		befor authorized representative of a member of the state	per

Page 2 of 2

Filing Fee: \$25.00