

L07000105503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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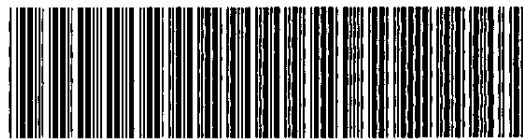
(Business Entity Name)

(Document Number)

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11 OCT -7 AM 11:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Al. Culligan OCT 10 2011

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: Green Leaf Cleaning, LLC  
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:

Rocio Alfaro

Name of Person

Green Leaf Cleaning, LLC

Firm/Company

20546 Ardore Lane

Address

Estero FL 33928

City/State and Zip Code

Rosie@trygreenleaf.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rocio Alfaro

Name of Person

at ( 239 )

810-5673

Area Code & Daytime Telephone Number

Enclosed is a check for the following 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 11  
OF

FILED  
OCT -7 AM 11:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Green Leaf Cleaning, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/17/2007 and assigned  
Florida document number L07000105503.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Rocio Alfaro

New Registered Office Address:

20546 Ardore Lane --

Enter Florida street address

Estero

City

Florida

33928

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Rocio Alfaro	20546 Andore Lane Estero FL 33928	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	michael brinkman	21 Vaughns Gap Rd H123 Nashville TN 37205	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	kylee brinkman	21 Vaughns Gap Rd H123 Nashville TN 37205	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Dated 9/20/2011

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 11 OCT - 7 AM 11:49  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Michael Brinkman  
 Signature of a member or authorized representative of a member  
Michael Brinkman Kylee Brinkman  
 Typed or printed name of signee