## L08000015076

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JUL 25 2008

**EXAMINER** 

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Greenhouse Consulting + Construction Semices, U. (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:
Shari Coe  (Name of Person)  Greenhale Consulting Conductive Seman, uc  (Firm/Company)  (Address)  Orlando, FL 32806  (City/State and Zip Code)
For further information concerning this matter, please call:
Shari Coc at (407) 872 6976  (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee  □\$30.00 Filing Fee & □\$55.00 Filing Fee & □\$60.00 Filing Fee,

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

Certificate of Status

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

Certified Copy

Certificate of Status &

(additional copy is enclosed)

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Greenhouse Consulting & Construction Services		<u>.</u>
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our re- Liability Company)	cords.)
The Articles of Organization for this Limited Liability Compan	y were filed on February 11, 2	and assigned
Florida document number L08000015076		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Γhe new name must be distinguishable and end with the words "Lir	nited Liability Company," the des	ignation,"LLC" or the abbreviatio
L.L.C."	, , ,	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		SSEE.
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of		s, enter the name of the nev
registered agent and/or the new registered office address he	ere:	
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida	street address)
	, F	lorida
	(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 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

inciscus Lindeman	1036 Delaney Avenue Orlando, FL 32806  Add Remove  Add Remove
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y other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)
July 2008	ore
	, 2008

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Filing Fee: \$25.00