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FILING CANCELLED DUE TO INSUFFICIENT PAYMENT OF REINSTATEMENT FEE, MEM;

10/04/12--01010--007 **25.00

12 OCT -4 AM II: 06

DIVISION OF CORPORATIONS

OCT - 5 2012 T. HAMPTON

COVER LETTER

Subject: Greenhouse Consulting of Construction Services 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: Franciscus Lindeman Name of Person Greenhouse Consulting of Construction Services Firm/Company Hor Raehn St. Address Orlando FL 32806 Lindemantrank O Charles Consulting E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Franciscus at (321) 521-8394 Area Code & Daytime Telephone Number	TO: Registration Section Division of Corporations
Please return all correspondence concerning this matter to the following: Franciscus Lindeman Name of Person	SUBJECT: Greenhouse Consulting of Construction Services LLC.
Please return all correspondence concerning this matter to the following: Franciscus Lindeman Name of Person	Name of Limited Liability Company
Franciscus Lindeman Name of Person Greenhouse Consulting & Construction Scroices Firm/Company LLC 427 Raehn St. Address Otlando FL 32806 (Indemantrank O Cuhoo Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Franciscus at (321, 521 - 8394) Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: Certificate of Status & Certificate Copy (additional copy is enclosed)	The enclosed Articles of Amendment and fee(s) are submitted for filing.
Greenhouse Consulting & Construction Services Firm/Company LLC 427 Rachn St. Address Orlando FL 32806 Lindenantrank O Cuboo Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Franciscus Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: Area Code & Daytime Telephone Number Enclosed is a check for the following amount: Certificate of Status Certificate of Status & Certificate Ocpy (additional copy is enclosed) Certificate Copy (certificate Copy (certificate Copy)	Please return all correspondence concerning this matter to the following:
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Address Orlando Lindenantian Code City/State and Zip Code Lindenantian Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Tranciscus Name of Person at (321) 521 - 8 3 9 4 Area Code & Daytime Telephone Number Enclosed is a check for the following amount: 2525.00 Filing Fee Certificate of Status Certificate Opy (additional copy is enclosed) Certified Copy Certified Copy (additional copy is enclosed)	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Tanciscus	427 Raehn St. Address
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Tanciscus	Orlando FL 32806
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Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$25.00 Filing Fee \$\square \$30.00 Filing Fee & \square \$55.00 Filing Fee & \square \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy	For further information concerning this matter, please call:
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\bigcup \\$30.00 Filing Fee & \$\bigcup \\$55.00 Filing Fee & \$\bigcup \\$60.00 Filing Fee, Certificate of Status & Certified Copy Certificate of Status & Certified Copy Certified Copy	Franciscus at (321) 521 - 8394 Area Coda & Douting Talaphara Number
\$25.00 Filing Fee \$\ \text{Solution} \$\ \text{Solution}\$ \ \text{Certificate of Status}\$ \text{Solution} \text{Filing Fee & \text{Solution} \$\ \text{Solution}\$ \text{Certified Copy & \text{Certified Copy is enclosed}}\$\$ \text{Certified Copy & \text{Certified Copy}\$\$ \text{Certified Copy}\$\$	Name of reison Area Code & Daytime Telephone Number
Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy	Enclosed is a check for the following amount:
	Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy

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 DUE TO INSUFFICIENT PAYMENT OF REINSTATEMENT FEE, MEM;

TO ARTICLES OF ORGANIZATION OF

Greenhouse	Consulting 5 Con	struction ?	Senicas LLC
(<u>Name of the Limited Li</u> (A F	ability Company as it how appear orida Limited Liability Company)	's on our records.)	
The Articles of Organization for this Limited Liab	ility Company were filed on	9/21/12	and assigned
This amendment is submitted to amend the follow	ing:		OCT - SEE
A. If amending name, <u>enter the new name of th</u>	ne limited liability company her	<u>e</u> :	RY OF ST
The new name must be distinguishable and end with t 'L.L.C."	he words "Limited Liability Compa	ny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicab	le:		
Principal office address MUST BE A STREET.	ADDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BO	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter t	he name of the new
Name of New Registered Agent:	Franciscus Lina	leman	
New Registered Office Address:	427 Raehn		do '
	Otlando En	ter Florida street add. , Florida	7ess 32806 Zip Code
	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

Page 1 of 2

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 FILING CANCELLED DUE TO INSUFFICIENT PAYMENT OF REINSTATEMENT FEE, MEM;

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Roberta Lindeman	427 Raem 8+, Octando FL 3288	Add F Remove
			Add Remove
			Add Remove
D. If amend	ing any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	SECRETARY DIVISION OF CC 12 OCT -4
			OF STATE OF STATE AM 11: 06
Dated	0/1/12 , 20	12	_
	Francisco Lon	er or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00