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**EXAMINER** 



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DIVISION OF CORPORATIONS

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: ECO GREEN HOMES, LC (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:
GOUES OUE UETTE (Name of Person)
ECO GREEN HOMES UC.
759 - 28th STREET
ORIANDO PL 32805 (City/State and Zip Code)
For further information concerning this matter, please call:
Cille Ovellette at (HOT) 719. 9155  (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \ \text{(additional copy is enclosed)} \ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \ (additio

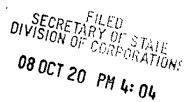
### MAILING ADDRESS:

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



· ECO GREE	EN HOMES, LLC
(Name of the Limited Liabili	ty Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number 1080000.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and end with the we"L.L.C."	ords "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	DRESS)
Enter new mailing address, if applicable:	<del></del>
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office ad	istered office address on our records, <u>enter the name of the new</u> dress here:
Name of New Registered Agent:	
New Registered Office Address:	(Enter Florida street address)
	(Emer Fioriaa sireel aaaress)
<del></del>	(City), Florida (Zin 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

<u>Title</u>	Name	<u>Address</u>	Type of Action
IGRM	TORRES, ANTHONY J	310/ Nicholson Drive WINTER PARK PL 32792 U.S.	Add Remove
			Add Remove
			Add Remove
	,		Add Remove
			Add Remove
			Add Remove
D. If amend	ing any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	_
			<u> </u>
			<del>-</del> -
Dated <u>O</u>	S. 6	 _e.	
	Signature of a member of	or authorized representative of a member	

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**Filing Fee: \$25.00**