



Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : HADDOCK PROFESSIONAL ASSOCIATION

Account Number : 120010000146 Phone : (407)679-6171

Fax Number : (407)679~8810

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

TRUE GREEN, LLC

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G. MCLEOD

MAR 24 2008

EXAMINER

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section Division of Corporations	
	٠,
SUBJECT: TRUE GREEN, LLC (Name of Limited I	.iability Company)
·	
The enclosed Articles of Amendment and fec(s) are submitted	d for filing.
Please return all correspondence concerning this matter to the	e following:
Lori Ann Linn	(Name of Person)
•	(Name of Person)
	(Firm/Company)
3300 University Blvd., St	uite 218
ood offivorally bival, or	(Address)
Winter Park, Florida 32	
**************************************	//State and Zip Code)
For further information concerning this matter, please call:	
Lori Ann Linn	at (407) 571-3908
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
	\$55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section	STREET/COURIER ADDRESS: Registration Section

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

	CLES OF AMENDMENT TO CLES OF ORGANIZATIO OF	BECRETATION OF PAR 21	
(Name of the Limited L (A F	TRUE GREEN, LLC Lability Company as It now appears Torida Limited Liability Company)	그 지수	
The Articles of Organization for this Limited Liab	oility Company were filed on Marc	h 11, 2008 and assigned 🗐	
Florida document number <u>L08000025659</u>	•		
A. If amending name, enter the new name of t TRUE GREEN HVAC, LLC The new name must be distinguishable and end with "L.L.C." B. If amending the registered agent and/or	the limited liability company here: the words "Limited Liability Company registered office address on ou	y," the designation "LLC" or the abbreviation	
registered agent and/or the new registered offi	ce aggress nere:		
New Registered Office Address:	(Frete	er Florida street address)	
·			
	(City)	, Florida(Zip Code)	
	(500)	(way ware)	
New Registered Agent's Signature, if changing Re	gistered 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 = Ma MGRM = M	nager Ianaging Member		
Title	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	_
			-
_			
Dated <u>Marc</u>	J	Mr.C	· ·
		J. BROCK MCCLANE	

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Filing Fee: \$25.00