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T. HAMPTON
NOV - 6 2009
EXAMINER

## **COVER LETTER**

Division of Corporations				
SUBJECT: Green Light Industrial Arport 2LC 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:				
Ronald A. Mardosa Name of Person				
Green Light Industrial Airport 2LC				
2230 STone Lake Pr. Address				
Merrith Island Fl 32953 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Ron Mardosa 321 at (312) 501-0366				
Name of Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$30.00 Filing Fee & S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
MAILING ADDRESS: STREET/COURIER ADDRESS:				

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I		L LLC
The Articles of Organization for this Limited Liability Company	were filed on 06/03/	2008 and assigned
Florida document number <u>L 080000 54 49</u> 7	2	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
	0^6	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the desig	mation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	None	9 SK
(Principal office address MUST BE A STREET ADDRESS)		NO THE
		V 075
	. 1	CORP
Enter new mailing address, if applicable:	None	
(Mailing address MAY BE A POST OFFICE BOX)		
		OŽ''
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		enter the name of the new
Name of New Registered Agent:	Nono	
New Registered Office Address:		
	Enter Florida si	treet address
		orida
	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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Title** <u>Name</u> <u>Address</u> **Type of Action** Richard D. Giffings 10675 S.W. Groen ridge Lone KAdd
Palm City, F1 37990 Remove ☐ Remove \_ ☐ Add \_ Remove Remove \_\_\_Add Remove  $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Nov 3 Signature of a member or authorized representative of a member Richard D. Gittings
Typed or printed name of signee

Page 2 of 2

**Filing Fee: \$25.00**