

**L080000091045**

**Florida Department of State  
Division of Corporations  
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**From:**

Account Name : DAVID TORCHIN, C.P.A., P.A.  
Account Number : I19990000007  
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**

**GREEN LED SOLUTIONS, LLC**

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**J. BRYAN**

OCT 29 2008

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1100000 2453043

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

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DIVISION OF CORPORATIONS  
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Green Led Solutions, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/24/2008 and assigned  
Florida document number L08000091045.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

(Enter Florida street address)

Florida

(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)

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or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

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Title	Name	Address	Type of Action
MGR	Jacques Abecassis	10220 W State Rd 84 #9 Davis, Florida 33324	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated October 28, 2008

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X

Signature of a member or authorized representative of a member

Dror Svorai

Typed or printed name of signee

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