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(Address)

(Address)

(City/State/Zip/Phone #)

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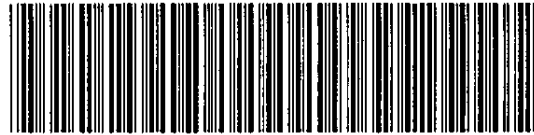
(Business Entity Name)

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DATE: 12-10-09

NAME: GREENFIELD SC, LLC

TYPE OF FILING: ARTICLES OF AMENDMENT

COST: \$25

ck attached

RETURN:

ACCOUNT: ECA0000000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GreenField SC, LLC
Name of Limited Liability Company

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The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Steven J. Agostinelli
Name of Person

GreenField SC, LLC
Firm/Company

1720 JOC Blvd Suite 6
Address

Naples, FL 34109
City/State and Zip Code

SANationalalarm@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven J. Agostinelli at (239) 777-4669
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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		_____	<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.)*

Delete in it's entirety Article 10-Indemnification
From the articles of Formation

Dated December 9, 2009.



 Signature of a member or authorized representative of a member
Steven J. Agostinelli

 Typed or printed name of signee