

L09000011597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

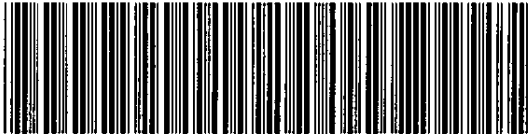
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only

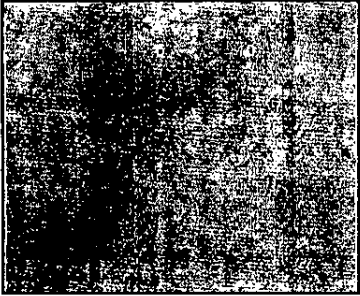
G. MCLEOD  
AUG 25 2009  
EXAMINER



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DIVISION OF CORP. AFFAIRS  
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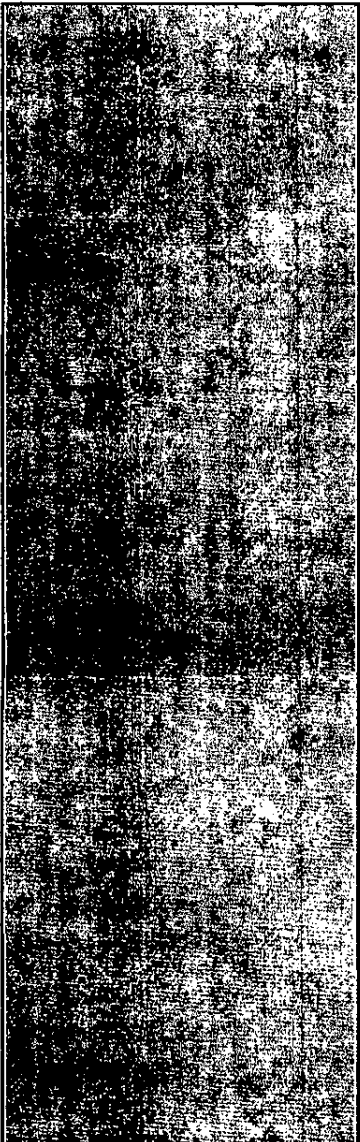


August 17, 2009

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314



**TAMPA BAY**  
GREEN BUSINESS SUMMIT 2009



Dear Sir or Madame,

Enclosed, please find a \$25 filing fee and the completed forms to amend the Articles of Organization of a Florida Limited Liability Company, the name of which is "Florida TARP Forum, LLC - which was on February 2, 2009 - and was assigned the Florida document number: L09000011597.

We seek to 1) change the name of our LLC and 2) amend the physical address.

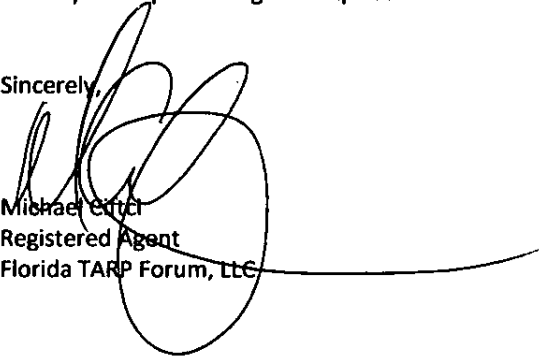
Old Name: Florida TARP Forum, LLC  
New Name: Green Business Summit

Old Address: 142 West Platt Street - Tampa, Florida 33606  
New Address: 2203 North Lois Avenue - Suite 939 - Tampa, Florida 33607

You may reach me at any time:  
My cell phone: (352) 235-0171  
Email: [michael@pdrlc.com](mailto:michael@pdrlc.com)

Thank you for processing our request.

Sincerely,

  
Michael Ertel  
Registered Agent  
Florida TARP Forum, LLC

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: FLORIDA TAPR FORUM, LLC**  
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:

**MICHAEL A. CIFTCI**  
Name of Person  
  
Firm/Company  
  
**2203 NORTH LOIS AVENUE - SUITE 939**  
Address  
  
**TAMPA / FLORIDA / 33607**  
City/State and Zip Code  
  
**michael@pdrllc.com**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**MICHAEL CIFTCI** at ( **352** ) **235-0171**  
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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

\_\_\_\_\_  
**(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 02/04/2009 and assigned Florida document number L09000011597.

This amendment is submitted to amend the following:

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

GREEN BUSINESS SUMMIT LLC

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)**

2203 North Lois Avenue - Suite 939

Tampa, Florida 33607

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

2203 North Lois Avenue - Suite 939

Tampa, Florida 33607

SECRET  
DIVISION OF  
FILED  
09 AUG 24 AM 7:50

**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:

2203 NORTH LOIS AVENUE - SUITE 939

*Enter Florida street address*

TAMPA

Florida

33607

*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**

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:

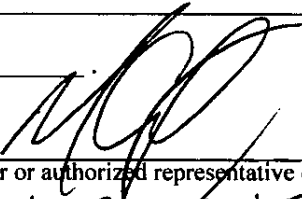
MGR = Manager  
MGRM = Managing Member

<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
_____	_____	_____	<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 \_\_\_\_\_,

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Michael Chetani  
\_\_\_\_\_  
Typed or printed name of signee