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A. LUNT

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**EXAMINER** 

Office Use Only



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2009 AUG 27 PH 2: 25
SEURETARY OF STATE
TALLAHASSEF ET STATE

## **COVER LETTER**

TO: Registration Section Division of Corpora			
SUBJECT:	Name of Limited Liability Company	2009 AUG 27 SECRETARY TALLAHASS	
The enclosed Articles of Ame	endment and fee(s) are submitted for filing.	AUG I	
Please return all corresponde	27 PM TARY OF TASSEE.		
-	Shawn Stuben Name of Person	PM 2: 25 Y OF STATE SEE, FLORIDI	المبياء المبارة
-	Clean Green Properties, LCC		
-	7008 Burnt Sienna Cir	_	
-	Orlles FL 34109 City/State and Zip Code	<del></del>	
_	E-mail address: (to be used for future annual report notification)	es.cam	
For further information conce	erning this matter, please call:		
Shawn Name of Per	Styleen at (239) 398, 8009 rson Area Code & Daytime Telephone Numb	ber	
Enclosed is a check for the fo	ollowing amount:		
\$25.00 Filing Fee	Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certificate of Status	Filing Fee, icate of Status & ied Copy ional copy is enclose	ed)

**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

Clean Green Propertie	s, cc	
(A Florida Limited Li	iability Company)	<u>us.</u> )
The Articles of Organization for this Limited Liability Company	were filed on May 01, 20	and assigned
Florida document number <u>LO90004 1531</u> .	( /	2009 AUG
This amendment is submitted to amend the following:		UG 27
A. If amending name, enter the new name of the limited liabi	ility company here:	PM 2:
The new name must be distinguishable and end with the words "Limit "L.L.C."	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Enter new principal offices address, if applicable:	DOOB Burnt S	ileuna Cir
(Principal office address MUST BE A STREET ADDRESS)	Naples, FL 3	1109
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	eet address
	¥70	بنظم
	, Flor 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 **Type of Action Title Address** <u>Name</u> Mastin, John J MGR ☐ Remove ☐ Add \_ Remove Remove Hisemove 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

Page 2 of 2

Shown Styloen
Typed or printed name of signee

Filing Fee: \$25.00