L09000048649

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ALLAHASSEE FLOBIN

B. BOSTICK
AUG 1 5 2012
EXAMINER

COVER LETTER

TÓ:

TÓ:	Registration Sect Division of Corpo				
SUBJI	ECT:	Green Power L	ighting Solutions, LLC		
		Name of Limi	ed Liability Company		
The en	closed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please	return all correspond	dence concerning this matter	to the following:		
		Jon R Ridgeway			
			Name of Person		
Green Power Lighting Solutions, LLC				<u>C</u>	
			Firm/Company		SEC ALL
2733 NE 15TH St			AREA SE		
			Address		3 13 AMI
	Fort Lauderdale, FL 33304				PIL SUB 13 AM 10: 24 SECRE JARY OF STATE ALLAHASSEE, FLORIC
	City/State and Zip Code			0: 2	
			roy@jrcleasing.com	ication)	DE 4
For fu	ther information co	ncerning this matter, please of		e-	
	Jon	R Ridgeway	at (954) Area Code & Daytim	445-5663 c Telephone Number	
	sed is a check for the	Solowing amount: \$\int\\$30.00 \text{ Filing Fee & Certificate of Status}	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	f) Certified	te of Status &
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314.		STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Control	on rations enter Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Green Power L	ighting Solutions	s, LLC			
(<u>Name of the Limited Liability C</u> (A Florida Lia	<u>lompany as it now appe</u> mited Liability Company	<u>ars on our records.</u>)			
The Articles of Organization for this Limited Liability Con	mpany were filed on	05/19/2009	and assigned		
Florida document number L09000048649	<u>.</u>				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limite	ed liability company he	ere:			
JR Capit	tal Leasing, LLC				
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Comp	pany," the designation	"LLC" or the abbreviation		
Enter new principal offices address, if applicable:			IAS +		
(Principal office address MUST BE A STREET ADDRE	<u> </u>		LG A		
		-	G. G. HAX		
			85% W		
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)			0RA 0:		
			Dr. S		
·					
B. If amending the registered agent and/or register registered agent and/or the new registered office addre		our records, enter	the name of the new		
Name of New Registered Agent:					
New Registered Office Address:	r	77 1			
	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

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 = Ma MGRM = N	nnager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ D
			□ n
			= n
			□ D
			Remove
D. If amer	nding any other information,	enter change(s) here: (Attach additional sheets,	IARY IARY
			AM 10: 25 OF STATE E. ILORIDA
Dated	August 9		
	Signatur	re of a member or authorized representative of a mem-	ber
	•	Jon R Ridgeway, Managing Member	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00