

L09000052434

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300166980833

01/25/10--01036--004 **25.00

FILED
2010 JAN 25 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

JAN 26 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAE CONSULTANTS, 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:

Lorna Bravo
Name of Person

Firm/Company

7075 NW 173rd Drive # 1402
Address

Hialeah, FL 33015
City/State and Zip Code

L.bravo@dbgreenintegration.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lorna V. Bravo at (786) 352-3178
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

FILED

2010 JAN 25 PM 4:10

SAE CONSULTANTS, LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on May 29, 2009 and assigned
Florida document number L09000052434

This amendment is submitted to amend the following:

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

DB Green Integration, 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)

Lorna Bravo
15476 NW 77 Ct.
Miami Lakes, FL 33016

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Lorna Bravo
PMB #208
15476 NW 77 Ct
Miami Lakes, FL 33016

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

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

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

Dated January 22, 2010.

Lorna Bravo
Signature of a member or authorized representative of a member
Lorna V. Bravo
Typed or printed name of signee

FILED
2010 JAN 25 PM 4:10
TALLAHASSEE, FLORIDA
SECRETARY OF STATE