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(Requestor's Name)
(Address)
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SECRETARY OF STATE
FALLAHASSEE

D. BRUCE
JAN 19 2010

EXAMINER

COVER LETTER

TO: Registration S Division of Co				
SUBJECT:		OLDING SYSTEMS L	LC	
The enclosed Articles of	f Amendment and fee(s) are sub			
Please return all corresp	ondence concerning this matter	to the following:		
		Name of Person		_
	GREENV	VATER HOLDING SYSTE	MS	
		Firm/Company		_
	6625 MIA	MI LAKES DRIVE SUITE	235	
	·	Address		- Ar s
	MI	AMI LAKES, FL 33014		JAN
		City/State and Zip Code		N 15
		REENWATERHOLDING. (to be used for future annual report no		- लिं≘े ⊋ा⊓
For further information	concerning this matter, please of	call:		D 1 2:0
JA	COBO HAIME	at (305)	7773850	
Name	of Person		me Telephone Numl	per .
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclos	Certifi ed) Certifi	Filing Fee, icate of Status & ied Copy ional copy is enclosed)
MAII	INC ADDRESS:	STREET/COIN	DIER ANNRESS	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GREENWATE	R HOLDING SYSTE	EMS LLC	
(<u>Name of the Limited Liabil</u> (A Floric	ity Company as it now appear a Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on	NOV 10/2009	and assigned
Florida document number L09000108565	·		
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the li	imited liability company he	ere:	
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Comp	pany," the designation "LI	i
Enter new principal offices address, if applicable:			SECOND TO
(Principal office address MUST BE A STREET AD	DRESS)		X 5 =
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ند. ندا	or STA
B. If amending the registered agent and/or rep	gistered office address on	our records, enter th	e name of the new
registered agent and/or the new registered office a	<u>ddress here</u> :		
Name of New Registered Agent:			
New Registered Office Address:		Inter Florida street addr	ess
		, Florida	
	City	, rivilua	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

<u>le</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>GRM</u>	CARAMI LTDA	CALLE 12 B #37-31 BOGOTA, COLOMBIA	Add Remove
			D
			— <u> </u>
			Add Remove
			Add Remove
f amen	ling any other information, enter	change(s) here: (Attach additional sheets, if neo	S
			OF ISTATE
 ed	DECEMBER 03 ,	2009	

Page 2 of 2

Filing Fee: \$25.00