

LD900011092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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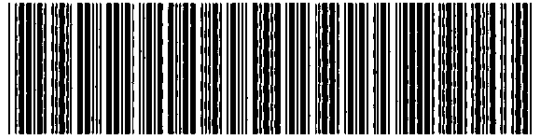
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JAN 25 2010

EXAMINER



100163849181

01/22/10--01018--019 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
10 JAN 22 PM 1:39

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Greenernomics 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:

John Alexander  
Name of Person

Greenernomics LLC  
Firm/Company

15129 US HWY 19  
Address

Hudson, Florida 34667  
City/State and Zip Code

alexiohnjr@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Alexander at ( 386 ) 965-5140  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

**Greenernomics LLC**

(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 11/18/09 and assigned  
Florida document number L09000111092.

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SECRET  
DIVISION OF CORPORATIONS  
10 JAN 22 PM 1:30

**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>  |
|--------------|-------------------|---|--|
| MGR          | KEVIN D ALEXANDER | 5860 LAKESIDE WOODS CIRCLE<br>SARASOTA FL 34243 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGR          | DEBRA D ALEXANDER | 5860 LAKESIDE WOODS CIRCLE<br>SATASOTA FL 34243 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|              |                   |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                   |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                   |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                   |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated JANUARY 20, 2010.

Debra D Alex  
Signature of a member or authorized representative of a member

DEBRA D ALEXANDER  
Typed or printed name of signee