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EXAMINER



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COVER LETTER

TO:	Registration Section Division of Corpo		<i>i</i> *	,			
SUBJE	e c r.	Green Produ	cts & Services LLC				
30 1301	•		ted Liability Company				
The en	closed Articles of Ar	mendment and fee(s) are sub	mitted for filing.				
Please	return all correspond	ence concerning this matter	to the following:				
			Hilda Martinez				
			Name of Person				
		Green	Products & Services L	LC			
			Firm/Company				
		7175	SW 8th Street Suite 20	01			
Address							
	Miami FL 33144						
			City/State and Zip Code				
	hildoja@yahoo.es E-mail address: (to be used for future annual report notification)						
For fur	ther information con	cerning this matter, please ca	all:				
	Hilda	Martinez	at (_305)_	200-3304			
	Name of P	erson	Area Code & D	Paytime Telephone Number			
Enclos	ed is a check for the	following amount:					
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	Closed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose	:d)		

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

Green Products	& Services L	LC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appea Liability Company)	rs on our records.)			
The Articles of Organization for this Limited Liability Company	were filed on	03/17/2010	and a	ssigned	
Florida document numberL10000029812		•			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :			
The new name must be distinguishable and end with the words "Limi"L.L.C."			LC" or th	e abbreviation	
Enter new principal offices address, if applicable: 7175 SW 8th Street			au, a		
(Principal office address MUST BE A STREET ADDRESS)	Suite 201		<u></u>		
	Miami, FL 33	3144		25.	
			7	THE PARTY OF THE P	
Enter new mailing address, if applicable:			9		
(Mailing address MAY BE A POST OFFICE BOX)					
			Ü	Part Cont	
			~~~~	100 FA	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>enter t</u> l	he name	of the new	
Name of New Registered Agent:					
New Registered Office Address:					
	Ei	nter Florida street addi	ress		
	, Florida				
	City		Zip Co	de	

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 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 Title , **Type of Action** <u>Name</u> <u>Address</u> Greta Luna mgrm 985 SW 34th Avenue Remove Miami, FL 33135 Zelandia Tinoco mgrm 140 SW 272 Street Homestead, FL 33032 Lourdes Guzman mgrm 3651 SW 11st Street Apt. # 2 Miami, FL 33135 Remove Add Remove ∏Add Remove ___Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated ____ May 14 2010 Signature of a member or authorized representative of a member Hilda Martinez

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee