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TALLARASSES PLANTA

T. CLINE

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**EXAMINER** 

## **COVER LETTER**

TO: Registration Sec Division of Corp	tion				
SUBJECT:		logy Distributors,	LLC		
	Name of Limi	ted Liability Company			
The enclosed Articles of A	mendment and fee(s) are sul	omitted for filing.			
Please return all correspon	dence concerning this matter	to the following:			
		Laura Hodges			
	Name of Person				
Green Technology Distributors, LLC					
	Firm/Company				
501 Hames Avenue					
		Ostanda El 00005			
	Orlando, FL 32805 City/State and Zip Code				
	Ifrancis@midtowntitlellc.com				
		to be used for future annual re		TERMOV 2	
For further information co	ncerning this matter, please o	all:		22	
Lau	ra Hodges	at (_407_)_	702-3342		
Name of	Person	Area Code a	& Daytime Telephone Number	数点 切	
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) Certified	e of Status &	
	VC ADDDECC	OTE TET	COUDIED ADDRESS.		

**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 Tech	nology Distributors, LLC				
(Name of the Limited Liabili (A Florida	ity Company as it now appears on our a Limited Liability Company)	r records.)			
·		•			
The Articles of Organization for this Limited Liability	Company were filed on $3/3$	and assigned			
Florida document number L 10000034532	·				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	mited liability company here:				
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company," the	designation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:					
( <u>Principal office address MUST BE A STREET ADD</u>	ORESS)				
	<u></u>				
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	The same of the sa			
(Mailing address MAY BE A POST OFFICE BOX)					
		and the same of th			
		The same of the sa			
B. If amending the registered agent and/or registered agent and/or the new registered office ad	istered office address on our reco l <u>dress here</u> :	ords, enter the name of the new			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	City	, Florida Zip Code			
	Cuy	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 MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Carl Curtis Hodges	501 Hames Avenue Orlando, FL 32805	
			Add Remove
	<u> </u>		Add Remove
<del></del>			Add Remove
			Add
<del></del>			Add'
	-	er change(s) here: (Attach additional sheets, odges from MGRM to MGR	if necessary.)
-			<del></del>
- Dated	November 15	, 2010 <i>.</i>	
	Lang	S. Hady	
	Signature of	a member or authorized representative of a memb Laura L. Hodges	C.
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00