

L10000036995

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(Address)

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(City/State/Zip/Phone #)

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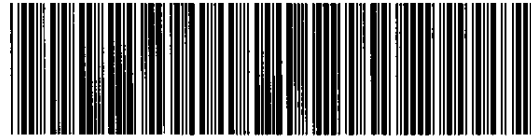
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OCT 25 2010

**EXAMINER**

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10/18/10--01014--010 \*\*5.00

10/18/10--01014--009 \*\*30.00

**FILED**  
2010 OCT 22 PM 3:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: **AMENDING THE MGR/MGRM IN GREEN EXPORTS 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:

**ASHOK .K .RAVAL**

Name of Person

**GREEN EXPORTS LLC**

Firm/Company

**18044 JAVA ISLE DR.**

Address

**TAMPA.FL.33647**

City/State and Zip Code

**AKRAVAL@GMAIL.COM**

E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

**ASHOK .K.RAVAL**

Name of Person

at ( )

**813-766-7526**

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 19, 2010

ASHOK K. RAVAL  
18044 JAVA ISLE DR  
TAMPA, FL 33647

SUBJECT: GREEN EXPORTS LLC  
Ref. Number: L10000036995

FILED  
2010 OCT 22 PM 3:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for GREEN EXPORTS LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 210A00024705

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GREEN EXPORTS 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:

ASHOK RAVAL

Name of Person

GREEN EXPORTS LLC

Firm/Company

18044 JAVA ISLE DR.

Address

TAMPA . FLORIDA.33647

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ASHOK.K.RAVAL

Name of Person

at ( 813 )

766 -7526

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

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(additional copy is enclosed)

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### 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

2010 OCT 22 PM 3:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

GREEN EXPORTS LLC

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

FILED  
2010 OCT 22 PM 3:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 04/06/2010 and assigned  
Florida document number L1 0000036995

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)

N.A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N.A

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:

N.A.

New Registered Office Address:

N.A.

Enter Florida street address

City, Florida 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

Title	Name	Address	Type of Action
MGR	RAJENDRA.S.PATEL	18044.JAVA ISLE DRIVE. TAMPA FL 33647	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
S	ASHISH.R.PATEL	18044.JAVA ISLE DRIVE. TAMPA FL 33647	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	RAVI.RAVAL	18044.JAVA ISLE DRIVE. TAMPA FL 33647	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	HEMA RANI.VANGANI	18044.JAVA ISLE DRIVE. TAMPA FL 33647	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	BHARAT.VANGANI	18044.JAVA ISLE DRIVE. TAMPA FL 33647	<input checked="" 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 10/12/2010

Signature of a member or authorized representative of a member

ASHOK .K.RAVAL

Typed or printed name of signee

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TAMPA, FLORIDA