

L10000087823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

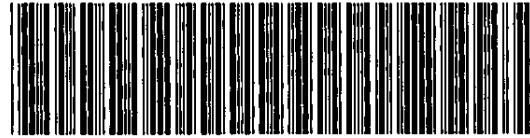
(Business Entity Name)

(Document Number)

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12 JUN 21 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

JUN 22 2012

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Comnet Energy Solutions 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:

Neil Glachman

Name of Person

Comnet Energy Solutions LLC

Firm/Company

4800 N Federal Highway, Ste. B205

Address

Boca Raton, FL 33431

City/State and Zip Code

ocularceo@att.net

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

For further information concerning this matter, please call:

Neil Glachman

Name of Person

at (561) 7034100

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

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12 JUN 21 AM 8:33
TALLAHASSEE, FLORIDA
REGISTRATION OF STATE

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

(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 August 20, 2010 and assigned
Florida document number L10000087823

This amendment is submitted to amend the following:

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

Green Lumens LLC

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:

4800 N Federal Highway, Ste. B205

(Principal office address MUST BE A STREET ADDRESS)

Boca Raton, FL 33431

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

From: X=

06/21/2012 14:06

#565 P.003

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove


_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input 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 May 29, 2012


Signature of a member or authorized representative of a member

Neil Glachman

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

CLERK OF STATE
TALLAHASSEE, FLORIDA

12 JUN 21 AM 8:33

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