## 1258200001

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

G. MCLEOD

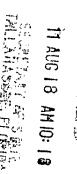
AUG 18 2011

**EXAMINER** 



700210523487

08/18/11--01002--015 \*\*25.00



## **COVER LETTER**

Division of Co	orporations					
SUBJECT:	Gone G	Green Vets LLC				
SUBJECT:	· · · · · · · · · · · · · · · · · · ·	ited Liability Company				
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.				
Please return all corresp	condence concerning this matte	r to the following:				
		Douglas T. Kamm				
		Name of Person				
	Gone Green Vets LLC					
	Firm/Company					
	12512 Eagles Entry Drive					
		Address				
Odessa, FL 33556						
	City/State and Zip Code					
	GO E-mail address: (	negreenvets@live.com to be used for future annual report not	ification)			
For further information	concerning this matter, please of	call:				
Dou	ıglas T. Kamm	at ( 813 )	908-6826			
Name of Person		Area Code & Daytin	me 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 enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

**MAILING ADDRESS:** 

TO:

Registration Section

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

	Gone Green Vets I	LLC	-		
( <u>N</u>	ame of the Limited Liability Company as it no (A Florida Limited Liability Co	w appears on our records. empany)	J		
The Articles of Organization	for this Limited Liability Company were filed	d on 8/25/2010	and assigned		
Florida document number	L10000089321				
This amendment is submitted	to amend the following:				
A. If amending name, <u>ente</u>	the new name of the limited liability comp	oany here:			
The new name must be distingu "L.L.C."	ishable and end with the words "Limited Liabilit	ty Company," the designation	on "LLC" or the abbreviation		
Enter new principal offices	address, if annlicable:				
• •	ST BE A STREET ADDRESS)		E S T		
			(8) CO		
			TA R ITT		
Enter new mailing address,	if applicable:		Sy P C		
(Mailing address MAY BE A	POST OFFICE BOX)				
	<del> </del>				
	ered agent and/or registered office addre	ess on our records, <u>ent</u>	er the name of the new		
Name of New Regis	tered Agent:	<u> </u>			
New Registered Off	ice Address:				
		Enter Florida street address			
	City	, Florida	Zip Code		
	City		ZIP COUR		

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>	Address	Type of Action
MEM	Mark Friedberg		Add  Remove
<u>MGRM</u>	Douglas T. Kamm		Remove
			Add Remove
·	***************************************		Add Remove
<del></del>			Add Remove
***************************************			AddRemove
D. If amend	ing any other information	, enter change(s) here: (Attach additional sheets, if neces	ssary.)
  Dated	August 10		
	Signatur	e of a member or authorized representative of a member	
		Douglas T. Kamm Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00