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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

JAN 12 2011

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 606 Green Property Services 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:

Joseph Levy  
Name of Person

606 Green Property Services LLC  
Firm/Company

739 Spring Forest Ct  
Address

Apopka, 32712  
City/State and Zip Code

Joseph Levy @ Live.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph Levy at (407) 617-9034  
Name of Person 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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TALLAHASSEE, FLORIDA

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

GO GREEN Property Services LLC

(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 9/1/2010 and assigned  
Florida document number L10000091790

This amendment is submitted to amend the following:

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

N/A

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)**

1631 Rock Springs Road  
Suite 123  
Apopka, FL 32712

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

1631 Rock Springs Road  
Suite 123  
Apopka, FL 32712

**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:**

Joseph Levy

**New Registered Office Address:**

1631 Rock Springs Road  
Apopka, Florida 32712  
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.

Joseph Levy  
(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>	<u>Address</u>	<u>Type of Action</u>
MGRM	DAVANPORT, THOMAS	825 SOUTH IVORY COURT #6 ORLANDO, FL 32811	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Rachelle RIDAN PAX	739 Spring Forest Court APOPKA, FL 32712	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	JOSEPH LEUY	739 Spring Forest Court APOPKA, FL 32712	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Joseph Leuy	739 Spring Forest Ct APOPKA, FL 32712	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
<del>XX</del>			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated

1/10/2011

*Joseph Leuy*  
Signature of a member or authorized representative of a member  
Joseph Leuy

Typed or printed name of signee

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