## L10000114181

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(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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A. LUNT
MAY <b>10</b> 2011
EXAMINER

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SECULTARY OF STATE SALLAHASSEE, FLORID

05/08/12--01016--012 \*\*30.00

## **COVER LETTER**

....

TO:

**Registration Section** 

Division of	Corporations		
SUBJECT:	Cheap	er Mulch, LLC	
	Name of Lim	ited Liability Company	<del></del>
	es of Amendment and fee(s) are su	_	
Please return all corr	respondence concerning this matte	r to the following:	
		Darren R Jenne	
		Name of Person	
		Green Synergies, LLC	
		Firm/Company	
	9	240 Triana Terrace #4	
		Address	7812 MAY
		Fort Myers, FL 33912	
		City/State and Zip Code	On the second se
	da	rrenjenne@gmail.com	— 57 <b>s</b>
		(to be used for future annual report notification)	
For further informati	ion concerning this matter, please	call:	
	Darren Jenne	at ( 239 ) 989-382	<del></del>
Na	me of Person	Area Code & Daytime Telephone	Number
Enclosed is a check t	for the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	0.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
Re Di P.G	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Hahassee, FL 32314	STREET/COURIER ADDR Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	ESS:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cheaper Mulch	, LLC		······································	<del>_</del>	
(Name of the Limited Liability Company as it (A Florida Limited Liability	t now appears o Company)	n our records.)			
The Articles of Organization for this Limited Liability Company were f	filed on	11/02/10	and	assigne	ed
Florida document numberL10000114181					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability co	ompany here:				
Green Synergies,					
The new name must be distinguishable and end with the words "Limited Lia "L.L.C."	bility Company,	" the designation "	LLC" or t	he abbre	viation
			기 :	3	
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)			<u>15. − − −</u> C9 F		त्र हु। र ग्रास्था
				<u>~                                    </u>	r-1)44
				37	
Enter new mailing address, if applicable:				<u>u</u>	- Marie
(Mailing address MAY BE A POST OFFICE BOX)				<b>ა</b> შ	<del></del>
<del></del>					
B. If amending the registered agent and/or registered office ac	ddress on our	records, enter	the nam	e of th	e new
registered agent and/or the new registered office address here:					
Name of New Registered Agent:		<del></del>			
New Registered Office Address:	<u></u>				
	Enter	Florida street add	dress		
		, Florida			
City			Zip C	'ode	

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

If amending any other information, enter change(s) here: (Attach additional sheets, if necessar))  ated April 30 , 2012 .	ype of Actio	Address	<u>Name</u>	<u>itle</u>
If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)  ted April 30 2012  April 30 3044	Add			
If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)  ted April 30 , 2012 .	Remove			
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Signature of a member or authorized representative of a member		authorized representative of a member	Signature of a feet	
Darren R Jenne			Signature of affect	

Page 2 of 2

Filing Fee: \$25.00