## L10000131743

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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DIVISION OF CORPORATION

## **COVER LETTER**

TO: Registration S Division of Co					
SUBJECT:	GreenLi	ght Backup LLC			
		ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	oondence concerning this matte	τ to the following:			
		Daniel Kwains			
Name of Person					
GreenLight Backup LLC					
Firm/Company					
	25 N. F	lorida Park Drive ~ Suite	e 2B		
		Address			
	F	Palm Coast, FL 32137			
City/State and Zip Code					
dkwains@comcast.net  E-mail address: (to be used for future annual report notification)					
For further information	concerning this matter, please of	•	iouncatony		
·D	aniel Kwains	at ( 561 )	702-9240		
Name	ame 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 encl	Section 1 Section 1 Section 2 Sectio		

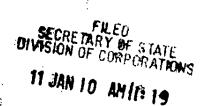
MAILING ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



GreenLight I	Backup LLC	<u> </u>	
(Name of the Limited Liability Compa (A Florida Limited)	i <mark>ny as it now appears on</mark> Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Company Florida document numberL10000131793	were filed on	2/28/2009	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company bere:		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company,"	the designation "LLC"	or the abbreviation
Enter new principal offices address, if applicable:	25 N. Florida Par	k Drive	
(Principal office address MUST BE A STREET ADDRESS)	Suite 2B		
	Palm Coast, FL	32137	
Enter new mailing address, if applicable:	25 N. Florida Par	k Drive	
(Mailing address MAY BE A POST OFFICE BOX)	Suite 2B		
	Palm Coast, FL 32137		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:	<u>e</u> :	ecords, enter the n	ame of the new
	. Florida		
	City		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 = Ma MGRM = N	nager Janaging Memb <del>er</del>		
<u>Title</u>	Name	<u>Address</u>	Type of Action
			Add Remove
			Add Remove
<b></b>			Add Remove
<del>•</del>			Add Remove
<del></del>			Add Remove
<del></del>			Add Remove
D. If amend	ing any other information, enter chang	ge(s) here: (Attach additional sheets, if necessar	ONASION OF CO
Dated			MIN 19
		r or authorized representative of a member  Daniel Kwains or printed name of signee	

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Filing Fee: \$25.00