## L11000003218

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SECRETARY OF STATE

SECRETARY OF STATE OF STATE OF CORPORATION

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## **COVER LETTER**

	Registration Sec Division of Corp						
CUDIEC	Green Manti	e LLC					
Name of Limited Liability Company							
•							
The enci-	osed Articles of A	Amendment and fee(s) are sub-	mitted for filing.				
Please re	turn all correspon	dence concerning this matter	to the following:				
		Michael McNerney					
			Name of Person				
		Green Mantle LLC					
			Firm/Company				
		1982 State Road 44, Suite	246				
			Address				
		New Smyrna Beach,FL 32	168				
			City/State and Zip Code				
		michael.mcnerney@gmail.c	om to be used for future annual report notifi	cotton			
For furth	er information co	ncerning this matter, please ca	·	cation)			
Michael	McNemey		386 402-0409 at ()				
	Name of	Person	Area Code Daytime	Telephone Number			
Enclosed	l is a check for the	e following amount:					
\$25.0	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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	U	r			
Green Mantle LLC			SECRE 17 JUI 15 JUI SECHI FALLAL		
(Name of the Limit	ted Liability Compa (A Florida Limited l	ny as it now appears on our records.) Liability Company)	OF I		
. The Articles of Organization for this Limited L Florida document number L11000003218	iability Company	were filed on January 7, 2011	LED Y OF STATE CORNOR AT Passigned 3: 1		
This amendment is submitted to amend the foll	owing:		A 6 OK		
A. If amending name, enter the new name o	f the limited liab	ility company here:			
Extrufix LLC					
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation "LLC" or the	he abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		1982 State Road 44, Suite 246			
(Principal office address MUST BE A STREE	T ADDRESS)	New Smyrna Beach ,FL 32168			
Enter new mailing address, if applicable:		1982 State Road 44, Suite 246			
(Mailing address MAY BE A POST OFFICE BOX)		New Smyrna Beach, Fl 32168			
B. If amending the registered agent and registered agent and/or the new registered or			ter the name of the new		
Name of New Registered Agent:	<del>(                                    </del>				
New Registered Office Address: 1982 State 1		d 44, Suite 246  Enter Florida street address			
	New Smyrna B		32168		
		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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		,
<u>Title</u>	<u>Name</u>	Address	DIVACTION DIVACTION DIVACTION TWO OF COLUMN AND COLUMN
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. If amending any other information, enter change(s) here: (Attach additional sheets, if nec	essary.)		
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Effective date, if other than the date of filing:	r filing.) Pursua	ant to 60 ot be lis	95.0207 (3)(b sted as the
the record specifies a delayed effective date, but not an effective time, at 12:01 of the 90th day after the record is filed.	a.m. on th	e earl	ier of:
Dated July 2 , 2015			2
and the same of th	SEC	15	SECR VISIO
Signature of a member or authorized representative of a member  Michael McNerney	HASSEE.	<del>}</del> -6	FILE ETARY ETARY
Typed or printed name of signee	O STATE	PH 3: -	EU OF STA ORPORA
Page 3 of 3	Ž.Fi	6	TION: JE

Filing Fee: \$25.00