

L11000003384

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** GREEN LIGHTING SOLUTIONS USA 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:

AYMERIC BENET

Name of Person

GREEN LIGHTING SOLUTIONS USA LLC.

Firm/Company

POBOX 30221

Address

PALM BEACH GARDENS, FL 33410

City/State and Zip Code

BENETAYMERIC@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AYMERIC BENET

Name of Person

at ( 561 )

6709141

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

## ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)

Page 1 of 2

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

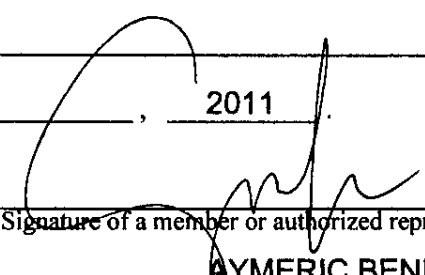
MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u>      | <u>Type of Action</u>                      |
|--------------|-------------|---------------------|--------------------------------------------|
| MGR          | STEVE RACEY | 55 YATCH CLUB PLACE | <input type="checkbox"/> Add               |
|              |             | TEQUESTA, FL 33469  | <input checked="" type="checkbox"/> Remove |
|              |             |                     |                                            |
|              |             |                     | <input type="checkbox"/> Add               |
|              |             |                     | <input type="checkbox"/> Remove            |
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|              |             |                     |                                            |

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated MARCH 21, 2011

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

AYMERIC BENET

\_\_\_\_\_  
Typed or printed name of signee