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(Address)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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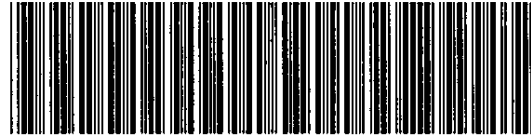
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE FLORIDA

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**S Warren**

**SEP 14 2016**

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** GREEN DESIGN CONSTRUCTION AND DEVELOPMENT, 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:

JOHN H CRESWELL, PE

\_\_\_\_\_  
Name of Person

GREEN DESIGN CONSTRUCTION AND DEVELOPMENT, LLC

\_\_\_\_\_  
Firm/Company

4459 SE KUBIN AVE

\_\_\_\_\_  
Address

STUART, FL 34997

\_\_\_\_\_  
City/State and Zip Code

JOHN@GDCFLORIDA.COM

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

For further information concerning this matter, please call:

JOHN H CRESWELL

772 215-0156  
at ( )

\_\_\_\_\_  
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



- 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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	DONALD OBANDO	13701 SW KENDALL DRIVE	<input checked="" type="checkbox"/> Add
	Director of Architecture	MIAMI, FL 33186	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated SEPT 9, 2016

Signature of a member or authorized representative of a member

Typed or printed name of signee

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