# L/1000100050

(Re	equestor's Name)
(Ad	ddress)
(Ac	ddress)
(Ci	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Ві	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status

Special Instructions to Filing Officer:

A. LUNT

NOV 10 2011

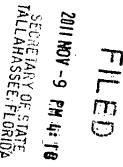
**EXAMINER** 

Office Use Only



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10/17/11--01050--013 \*\*35.00





October 19, 2011

UWE RUSCH 2624 SW 4TH AVE. CAPR CORAL, FL 33914

SUBJECT: GREEN TECHNOLOGIES HOLDING LLC

Ref. Number: L11000100050

We have received your document for GREEN TECHNOLOGIES HOLDING LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Letter Number: 511A00023986

Agnes Lunt Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

SUBJECT: Green Technologies Holding LLC Name of Limited Leadility Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
We Rusch  Green Hatting Technologies Holding LLC  Firm/Company  2624 SW 44h Are.  Address  Cape Coral FL 33914  City/State and Zip Code  1440 Dechnologies Holding LLC  City/State and Zip Code  1440 Dechnologies Holding LLC  City/State and Zip Code  1440 Dechnologies Holding LLC  Address  Cape Coral FL 33914  City/State and Zip Code  1440 Dechnologies Holding LLC  City/State and Zip Code  1440 Dechnologies Holding LLC  Address  Cape Coral FL 33914  City/State and Zip Code  1440 Dechnologies Holding LLC  City/State and Zip Code  1440 Dechnologies Holding LLC  Address  Area Code & Daytime Telephone Number 2009  Name of Person  Area Code & Daytime Telephone Number 2009
Name of Person at 239 810 7941 500 7941 Area Code & Daytime Telephone Number 2007
Enclosed is a cheek for the following amount:
S25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)}

### MAILING ADDRESS:

TO:

Registration Section **Division of Corporations** 

> Registration Section
> Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

(additional copy is enclosed)

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

(Name of the Limited Liabili (A Florida	ity Company as it now appears a Limited Liability Company)	on our records.)	2811	
The Articles of Organization for this Limited Liability Florida document number 2 11000 1000 5		7/31/2010	asy -9 F	
This amendment is submitted to amend the following:			F SIAI	Ö
A. If amending name, enter the new name of the lin	nited liability company here	:		
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Compan	y," the designation "l	LC" or the abbrev	/iation
Enter new principal offices address, if applicable:	4947	Tamlan	ni Trail	<u>//</u> ,
(Principal office address MUST BE A STREET ADL	oress) <u>Suite</u> Naple=	204 Florida	34103	3
Enter new mailing address, if applicable:	2624	SW 446	Ave	
(Mailing address MAY BE A POST OFFICE BOX)	Cape (	Oval, Flo	widg 53	<u>4</u> /4 —
B. If amending the registered agent and/or registered agent and/or the new registered office ad		r records, <u>enter t</u>	he name of the	<u>new</u>
Name of New Registered Agent:				
New Registered Office Address:				
	Ente	r Florida street add	ress	
and the second s		Florida		
	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 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 sux records, enter the title, name, and address of each Manager of Wanaging Member being added or removed from our records:

MGR = Mar MGRM = M	nager Tanaging Memb 	oer -						
<u>Title</u>	Name			Address			Type of Ac	tion
							Add Remove	
			<del></del>				☐ Add ☐ Remove	
							Add Remove	
		·					Add Remove	
<del></del>	·····					-	SE Address	T
						SEE: HLOR	<b>6</b>	
D. If amend	ling any other is	aformation, ent	er change(s	) here: (Attach ada	ditional sheets, if	necessary.)	H Z	
_							-	
							-	
	0/20/11						-	,
		Signature of	a member or	authorized represent	ative of a member			

Page 2 of 2

Filing Fee: \$25.00

