12000003672

| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Office Use Only



000219071750

01/24/12--01015--020 **25.00



D. BRUCE
JAN 2 5 2012
EXAMINER

COVER LETTER

| TO: | Registration Sect Division of Corpo | | | | | | |
|---------|---|--|---|---|---------------------|----------|---|
| SUBJI | FCT∙ | G | GS C, LLC | | | | |
| 30 031 | <u> </u> | | nited Liability Company | | | | |
| The en | closed Articles of A | mendment and fee(s) are su | abmitted for filing. | | | | |
| Please | return all correspond | dence concerning this matte | er to the following: | | | | |
| | | R | RICHARD FINKBEINER Name of Person | | - | | |
| | | | realife of 1 cisoff | | | | |
| | | GREEN GALLON S | SOLUTIONS OF NORTH | AMERICA LLC | _ | | |
| | | | Firm/Company | | | | |
| | 7904 INTERSTATE COURT | | | | - 413 | | |
| | Address | | | | 产量 | 12. | |
| | NIODTH FORT MYERS EL 22017 | | | | | JAN 24 | |
| | NORTH FORT MYERS, FL 33917 City/State and Zip Code | | | | - 65 | 42 | 1 |
| | RickF@GreenGallonSolutions.com | | | | | PH | П |
| | | E-mail address: | (to be used for future annual report no | otification) | STAFE | 2: 02 | |
| For fur | ther information con | ncerning this matter, please | call: | | A PA | 02 02 | |
| | RICK F | INKBEINER | at (_239) | 284-1391 | | | |
| | Name of F | Person | Area Code & Day | time Telephone Numbe | <u></u> | | |
| Enclos | ed is a check for the | following amount: | | | | | |
| \$25 | 5.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Sed) \$60.00 Fi Certification (addition | ate of St d Copy | atus & | |
| | Registrati Division P.O. Box | G ADDRESS: ion Section of Corporations 6327 ee, FL 32314 | STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive | porations 3 | | | |

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| C, LLC | | | | | |
|--|--|--------------------------------------|--|--|--|
| npany as it now appe ed Liability Company | ears on our records.) | | | | |
| any were filed on _ | January 9, 2012 | and assigned | | | |
| | | | | | |
| | | | | | |
| iability company h | <u>ere</u> : | | | | |
| ANDO, LLC | | <u> </u> | | | |
| imited Liability Com | pany," the designation "LL | C" or the abbreviation | | | |
| | <u></u> | # 5 | | | |
| 2 | <u> </u> | | | | |
| | SEE: PLORIDA | | | | |
| office address on here: | our records, <u>enter th</u> | e name of the new | | | |
| | | | | | |
| | Enter Florida street addre | >75 | | | |
| | | | | | |
| City | , Florida | Zip Code | | | |
| | iability Company h ANDO, LLC Limited Liability Com office address or here: | iability Company) any were filed on | | | |

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

| MGR = Ma MGRM = I | anager Managing Member | | |
|----------------------|----------------------------------|---|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| | | | Add |
| | | | Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| D. If amen — — | ding any other information, ente | r change(s) here: (Attach additional sheets, if necessar) | TO JAN 24 PM |
| Dated | January 17, | | # 2: 0e |
| | Signature of a | member or authorized representative of a member | |
| | Signature of a | | |
| | | RICHARD FINKBEINER Typed or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00