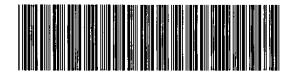
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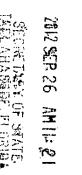
(Re	equestor's Name)					
(Address)						
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(City/State/Zip/Phone #)						
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(Business Entity Name)						
(Document Number)						
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T. CLINE SEP 2 7 2012

EXAMINER

COVER LETTER

`

P.O. Box 6327

Tallahassee, FL 32314

TO:	Registration Sec Division of Corp						
SUBJE	CT:	Livin (Greener, LLC				
	Name of Limited Liability Company						
The enc	losed Articles of A	Amendment and fee(s) are sub	omitted for filing.				
Please r	eturn all correspor	ndence concerning this matter	to the following:				
Leslie Cummings							
	Name of Person						
			Firm/Company				
	1641 Manor Ave						
			Address				
	Ft Myers, Florida 33901						
		on)					
For furt	her information co	oncerning this matter, please of	eall:				
	Lesli	e Cummings		32171			
	Name of	Person	Area Code & Daytime Te				
Enclose	d is a check for the	e following amount:		AMILL &			
\$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		tion Section	STREET/COURIER Registration Section Division of Corporation				

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	Livin Gree d Liability Compa A Florida Limited I	ener, LLC ny as it now appears Liability Company)	on our records.)	_	
The Articles of Organization for this Limited I	Liability Company	were filed on	12-27-12	and assig	ned
Florida document number L1200002	28723				
This amendment is submitted to amend the fol	lowing:			,	
A. If amending name, enter the new name	of the limited liab	oility company here:			
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Company	," the designation "	LLC" or the abl	oreviation
		4044 Maran A		Pag 23	
Enter new principal offices address, if appli		1641 Manor Av	/e		ect without
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>	Et Mariana, El 2	2004		******
		Ft Myers, FL 3	3901	26 A	P. Printer.
_		404444			gament,
Enter new mailing address, if applicable:		1641 Manor Av	<u>'e </u>		********
<u>(Mailing address MAY BE A POST OFFICE</u>					
	Ft Myers Florida 33901				
B. If amending the registered agent and registered agent and/or the new registered of	office address her	<u>.e</u> :	r records, <u>enter</u>	the name of	the new
Name of New Registered Agent:	Leslie cummings				
New Registered Office Address:	1641 Mano				
	Enter Florida street address				
		Ft Myers	, Florida	33901	
		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 Hability 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</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member Title Address Type of Action Name William T Wespiser MGRM 2797 First St ☐ Add Remove 2202 Ft Myers, FLorida 33916 Leslie Cummings MGRM 1641 Manor Ave_ ✓ Add Remove Ft Myers, FLorida 33901 \square Add Remove Аdd Remove ₹. Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) July 23 2012 Signature of a member or authorized representative of a member -Loslie Cummings William T. Wespiser

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00