

L12000918996

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

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

☐ PICK-UP

☐ WAIT

☐ MAIL

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

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

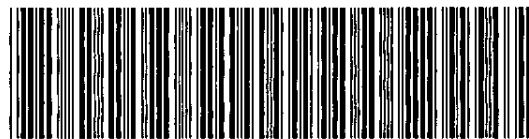
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EXAMINER



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TALLAHASSEE, FLORIDA

G. MCLEOD

AUG 13 2012

EXAMINER



CORPORATION SERVICE COMPANY\*

ACCOUNT NO. : I20000000195

REFERENCE : 294641 7897983

AUTHORIZATION :

COST LIMIT :

*[Handwritten signature]*  
\$25.00

ORDER DATE : July 31, 2012

ORDER TIME : 8:49 AM

ORDER NO. : 294641-006

CUSTOMER NO: 7897983

DOMESTIC AMENDMENT FILING

NAME: GREENCARE U.S., LLC

XX ARTICLES OF AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Harry B. Davis -- EXT# 2926

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

GREENCARE U.S., LLC

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

The Articles of Organization for this Limited Liability Company were filed on 08/01/2012 and assigned  
Florida document number L12000098996.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

(Enter Florida street address)

(City)

Florida

(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 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

Title	Name	Address	Type of Action
mgrm	GORDON J. VANS COY	1960 7TH ST S NAPLES FL 34102	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
	BETHANN VANS COY	1960 7TH ST S NAPLES FL 34102	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
	GORDON J. VANS COY JR	1960 7TH ST S NAPLES FL 34102	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
	PAUL G. LONG	1415 MARIPOSA CIR APT 201 NAPLES FL 34105	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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

Dated August 8<sup>th</sup>, 2012  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
GORDON J. VANS COY  
Typed or printed name of signee