112000135296

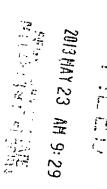
(Re	equestor's Name)	
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J. SAULSBERRY EXAMINER MAY 30 2013

COVER LETTER

TO: Registration Division of C					
	Gen Solutions				
SUBJECT:	Name of Limi	ted Liability Company			
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
	Mirit Blitstein				
		Name of Person		-	
	GreenGen Solutions				
		Firm/Company			
	4500 S.W. La Palom	a Drive	۲.		
		Address		7 2 2	
Palm City, FL 34990				2013 HAY 23	173
	greengensolutions@	City/State and Zip Code yahoo.com		723	T may
	E-mail address: (t	o be used for future annual report notificat	ion)		
For further information	concerning this matter, please c	all:		9:2	'
Mirit Blitstein		561 656-1656		<i>f</i>	
Name	e of Person	Area Code & Daytime To	elephone Numbe	 er	
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)	Certifie	ate of Status &	
MAI	LING ADDRESS:	STREET/COURIER	ADDRESS:		

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now ar ed Liability Compa	opears on our records.)	<u></u>	
The Articles of Organization for this Limited Liability Comp L12000135296 Florida document number	any were filed on	10/24/2012	and assigne	ed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company	y here:		
The new name must be distinguishable and end with the words "L".L.C."	Limited Liability Co	ompany," the designation "	LLC" or the abbr	eviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS	<u></u>		14.7	
			013	
Enter new mailing address, if applicable:		,	MAY 23	And the second s
(Mailing address MAY BE A POST OFFICE BOX)			A	
		5	9	-
		(J)	29	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	office address here:	on our records, <u>enter</u>	the name of th	he new
Name of New Registered Agent:		··		
New Registered Office Address:				
	Enter Florida street address			
		, 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 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

<u> </u>	<u>Name</u>	Address	Type of Action
MGRM	Robert Blitstein	1360 Beacon Circle	Add
		Wellington, FI	Remove
		33414	
			Add
			Remove
			Kelilove
			Add
			
			Remove
			Add
			Remove
			23 / F
	· · · · · · · · · · · · · · · · · · ·	<u> </u>	9 Add
			Remove
			Add
			<u> </u>
			Kemove

). If amending any other infor	rmation, enter change(s) here: (Attach additional sheets, if nec	essary.)
		· · · · · · · · · · · · · · · · · · ·
May 17	2013	
Pated		
Must	PSI	
Mirit Blitstein	Signature of a member or authorized representative of a member	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

2013 MAY 23 AM 9: 29