Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (1

: (850)617-6383

From:

Account Name : BARBOSA LEGAL Account Number : I20110000049 Phone : (305)501-4680

Fax Number

: (305)359-9543

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

RENEWALS@BARBOSALEGAL.COM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GREEN BIOFUELS LLC

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## **COVER LETTER**

TO: Registration Section
Division of Corporations

GREEN BIOFUELS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bruna Barbosa	
Name of Person	
Barbosa Legal	
Firm/Company	
407 Lincoln Road PH-NE	
Address	
Miami Beach, FL 33139	
City/State and Zip Code	
renewals@harhosalegal.com	

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bruna Barbosa

Name of Person

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fcc

☐ \$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 P.O. Box 6327

Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

## (((H18000240210 3))) ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

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GREEN BIOFUELS LLC			no.		
(Name of the Limit	ed Liability Company as it now a (A Florida Limited Liability Compa	ppears on our records.) any)	<u>_</u>		
The Articles of Organization for this Limited L. Florida document number L12000157586			and assigned		
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liability compar	ny here:			
The new name must be distinguishable and end with the	words "Limited Liability Company,	" the designation "LLC" or the a	bbreviation "L.L.C."		
Enter new principal offices address, if applic	able:				
(Principal office address MUST BE A STREE	T ADDRESS)				
			<del></del>		
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE	BOX)				
B. If amending the registered agent and registered agent and/or the new registered o		is on our records, <u>enter</u>	the name of the new		
Name of New Registered Agent:	N/A				
New Registered Office Address:					
Enter Florida street address					
	City	, Florida	Zip Code		
	City		Esp Cour		

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 605, 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

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(((H180002402103)))
If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Celso Olivatto	3123 NW 73rd St Suite	C_nadd
		Miami FL 33147-5947	■ Remove
MGR	Edilson Bianconi	3123 NW 73rd St Suite	C _ Add
		Miami FL 33147-5947	■ Remove
<del></del>			□ Remove
			Remove
			C Remove
			□ Remove

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

N/A

E. Effective date, if other than the date of filing:
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated August 16th

/s/ Bruna Barbosa

Signature of a member or authorized representative of a member

Bruna Barbosa, Authorized Representative

Typed or printed name of signee

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Filing Fee: \$25.00

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