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SECRETARY OF STATE

AUG - 5 2013

COVER LETTER

TO: Registratio	n Section Corporations			
SUBJECT:	Green Energy Name of Limit	y Harvesting Vented Liability Company	ure I, LLC	
The enclosed Article	es of Amendment and fee(s) are sub-	mitted for filing.		
Please return all corr	respondence concerning this matter	to the following:		
	Lynn	Varnadoe Name of Person		
	Green Energy	Harvesting Venture T	F, LLC	
	1548 The	Greens Way, Sur	± 4	
	Jackson	TILE Beach FL 37 City/State and Zip Code	2250	
	_	e + chermant. Com o be used for future annual report notification	2013 AUS	·
For further informat	ion concerning this matter, please ca	all:	-2 -2 -2 -388	
Lyon	Varnadoe ame of Person	at (904 285 - 60 Area Code & Daytime Te	92시 골》 프	-4.
Enclosed is a check	for the following amount:			
\$25.00 Filing Fe	e □\$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited L	Horvesting lability Company as it lorida Limited Liability	Ventur T now appears on our reco Company)	rds.)	
The Articles of Organization for this Limited Lial Florida document number 13 0600	bility Company were f	iled on	and assigned	
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liability co	ompany here:		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Lia	bility Company," the desig	nation "LLC" or the abbrevia	_itio
Enter new principal offices address, if applical	ble:		T 8	
(Principal office address MUST BE A STREET	ADDRESS)			
				1
				v
Enter new mailing address, if applicable:				3
(Mailing address MAY BE A POST OFFICE B	<u>ox)</u>		55 75 C	<u>) </u>
			<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered offi		ddress on our records,	enter the name of the	<u>nev</u>
Name of New Registered Agent:				
New Registered Office Address:				
•		Enter Florida si	treet address	
		, Flo	orida	
	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 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** <u>Name</u> <u>Address</u> **Type of Action** Jucksonville Beach, FL 32250 Remo Remove Add Remove Remove Add

Remove

amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	- -	
	-	
August 1 , 2013	-	
Signature of a member of authorized representative of a member Doug Davis Jr. Typed or printed name of signee		
Page 3 of 3	1	
Filing Fee: \$25.00	2013 AUS -2 SECRETARY	
·	PM 12: 03	

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