C14000001309

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COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT: EVER	gree Cleo Name of Limit	SOLUTIONS ited Liability Company	L.L.C.	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	Nich h Evergreen	Name of Person Clear Soll Firm/Company	utions	
	8802 Sou	thern orchar	d Rd.N.Zg B	
	Davie, FL Michelle	City/State and Zip Code Code	Com To The Internal Control of	Section 1
For further information co	oncerning this matter, please ca	•	; 	` V7
Nick han	MOCOS Person	at (954) 303 - Area Code Daytime	-6775 e Telephone Number	
Enclosed is a check for th	e following amount:			
\$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
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

Evergree Clear	Solutions, L.L.C	• •
(A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor Florida document number <u>L1400007309</u>	mpany were filed on 1-14-14	and assigned
This amendment is submitted to amend the following:	·	
A. If amending name, enter the new name of the limite	ad liability aggregate house	
Evergreen Clear So	olutions, L.L.C.	
The new name must be distinguishable and end with the words "Limit	ted 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 ADDRE	<u> </u>	
		20 a
		:
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		1)
		- An years
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre	red office address on our records, gas here:	nter the name of the nev
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Enter Florida street address	
	, Floric	ia .
	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 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

If ameriding 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:

er ized Member		
<u>ame</u>	Address Ty	pe of Action
		⊐ Add
		□ Remove
		⊒ Add
		☐ Remove
		□ Add
		Remove
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] Remove
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i	zed Member	ized Member ame Address To

	
ctive	date, if other than the date of filing: (optional) the date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
late th	date, if other than the date of filing:
late th	is document is filed by the Florida Department of State)
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late th	is document is filed by the Florida Department of State)

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Filing Fee: \$25.00

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