# 114000141952

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#### **COVER LETTER**

TO:	Registration Section
ىڭ.	Division of Corporations

## **GREEN TECHNOLOGIES SYSTEMS LLC**

SUBJECT

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:

# **GUSTAVO COPELMAYER**

Name of Person

#### **GREEN TECHNOLOGIES SYSTEMS LLC**

Firm/Company

721 E 48 ST

Address

HIALEAH, FL. 33013

City/State and Zip Code

lalyraxach@hotmail.com

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

For further information concerning this matter, please call:

## Gustavo Copelmayer

305 922-3300

Name of Person

Area Code

Daytime Telephone Number

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)

□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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#### 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

## GREEN TECHNOLOGIES SYSTEMS LLC

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

(11 Torton	Emaiou Emonity Company)	
The Articles of Organization for this Limited Liability Conference L14000146952	ompany were filed on 09/19/20	14 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
GREEN TECHNOLOGY SYSTEMS LL	C	
The new name must be distinguishable and end with the words "Lin	nited Liability Company," the designation	CONTRACTOR FINE
Enter new principal offices address, if applicable:	<u>n/a</u>	S
(Principal office address MUST BE A STREET ADDR	ESS)	
		<u> </u>
		70 P
Enter new mailing address, if applicable:	n/a	6. f.
(Mailing address MAY BE A POST OFFICE BOX)		59
B. If amending the registered agent and/or registered agent and/or the new registered office add  Name of New Registered Agent:  n/a		ords, enter the name of the new
New Project and Office Address.		
New Registered Office Address:	Enter Florida street a	ddress
		, Florida
<del>-</del>	City	Zip Code
New Registered Agent's Signature, if changing Registere	d 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

MGR = Manager AMBR = Authorized Member Title Name **Address Type of Action** □ Add \_\_\_\_ □ Remove □ Add \_\_\_\_ □ Remove \_\_\_\_\_ Remove □ Remove \_□ Add¯, 🐠 59 \_\_\_\_\_ Remove

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:

D. If amending any other information, enter change(s) here: (A	ttach additional sheets, if necessary.)
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 the date this document is filed by the Florida Department of State)	(optional) te and cannot be more than 90 days after
Dated September 22 2014	11
Signature of a member or authorized	representative of a member
GUSTAVO COPELMAYER	of rign

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Filing Fee: \$25.00

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