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T SCHROEDER

### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Green Technologies of SwFL 11C Namy 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:	
Cassandra Taylor Name of Person	
green Technologies of SwFLIIC	
8919 n. Fork dr. Address	
n. Ft. Nyers Fl 33903 City/State and Zip Code	
S E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Cassandra Taylor at (239) 848-6059 Name of Person at (239) Area Code Daytime Telephone Number	_
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Certificate of Status Certified Copy (additional copy is enclosed) Certified Cop (additional copy is enclosed)	Status &

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

## TO ARTICLES OF ARTICLES OF ORGANIZATION OF

(Name of the Limited Limbility Co (A Florida Lim	OF SW FULLC  Impany as it now appears on our records.)  ited Liability Company)
The Articles of Organization for this Limited Liability Comp.	pany were filed on 9/20//4 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1
(Principal office address MUST BE A STREET ADDRESS	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8919 N. For 16dr. N. ft. Myers fl 33903
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our records, <u>enter the name of the new here</u> :
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 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Ambr	Robert Dokes	8919 n. Forkdr.	d Add
		n fl. Myers, f/	Remove
		33903	Change
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. Effe	ctive date, if other than the date of filing: 10-30-10 (optional) effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
Note	ument's effective date on the Department of State's records.
Note docu	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier ne 90th day after the record is filed.
Note doct the r ) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
Note doct the r ) Th	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier ne 90th day after the record is filed.

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Filing Fee: \$25.00