## L14000151995

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## **COVER LETTER**

	gistration Secision of Cor				
OLUMBATE		CHNOLOGIES OF SW FL L	LC .		
SUBJECT:	Name of Limited Liability Company				
The enclose	d Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please return	n all correspo	ndence concerning this matter	to the following:		
		CHRISTOPHER TAYLO	R		
			Name of Person	<del></del>	
		GREEN TECHNOLOGIE	S OF SW FL LLC		
Firm/Company					
		8922 N FORK DR			
Address					
		N FT MYERS FL 33903			
		<del></del>	City/State and Zip Code	<del></del>	
		greentechofswfl@gmail.com			
		E-mail address: (	to be used for future annual report no	tification)	
For further i	nformation co	oncerning this matter, please co	all:		
Christopher	Taylor		239 878-2120 at ( )		
Name of Person			me 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)	
	niling Addres egistration S		Street Address: Registration S	ection	
Division of Corporations			Division of Corporations		
	O. Box 632		The Centre of		
1 3	Hahassee, F	し 34314	2413 N. MONT	oe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GREEN TECHNOLOGIES OF SWFL LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{09/29/2014}{2}$ and assigned Florida document number \_\_\_\_\_\_ L14000151995 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 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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

It amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being add 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 FORK DR	□Add
		N FT MYERS FL 33903	■Remove
			□Change
			□Add
			Remove
			Change
			DAdd
			□Remove
			Change
			□Add
		<del>.</del>	□Remove
			□Change
			□Add
		<del></del>	□Remove
			□Change
			□Add
			□Remove
			□Change

lf an e <u>Note:</u>	etive date, if other than the date of filing:
e reco rd is f	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Dated	g 09/01/2020
vallet	
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00