

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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TO NOV -9 PN 4: 08
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

NOV 1 0 2015

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:	Green Effic	ency Solutions LLC				
oobsiler.		Name of Lim	ited Liability Company	 		
The enclosed	d Articles of	Amendment and fee(s) are sub	mixed for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		Jose Pichardo				
Name of Person						
		Green Efficiency Solutions	LLC			
		Firm/Company 1 5800 Pines Blvd Suite 3096				
		Address		,		
		Pembroke Pines,FL 33027			TSS T	
		jose@geffso.com	City/State and Zip Code			T
		E-mail address: (I	to be used for future annual report notific	ation)		П
For further in	nformation o	onceming this matter, please ca	alt:		, PST	C
Jose Pichard	o		917 530-6788 at ()		4. CENTE	
	Name o	f Person	Area Code Daytime	Felephone Number		
Enclosed is a	check for th	ne following amount:				
≘ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Green Efficiency Solutions		
(Name of the Limited Liability Comps (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 11/18/2014	and assigned
Florida document number L14000178459		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	15800 Pines Boulevard	
(Principal office address MUST BE A STREET ADDRESS)	Suite 3096	
	Pembroke Pines,FL 33027	neer
		En or
Enter new mailing address, if applicable:	15800 Pines Boulevard	
(Mailing address MAY BE A POST OFFICE BOX)	Suite 3096	SSS
	Pembroke Pines,FL 33027	110 - 111
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.	· · · · · · · · · · · · · · · · · · ·	er the name of the new
registered again and or the new registered defined addition and	<u>.</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	
 	***************************************		□ Add	
			☐ Remove	
			□ Change	
			☐ Add	
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			□ Change	
			Add	
			_ □ Remove	
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			Réfnove Change Add	
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If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary	.)		
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		全国	¢: 0	
Effect	ive date, if other than the date of filing: (optional)	A CE	က	
Note:	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date ment's effective date on the Department of State's records.	will not b	e listed	las
he red The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. of 90th day after the record is filed.	on the o	arlier	· 0
Dated	October 30 , 2015			
	Signature of a member or authorized representative of a member			
	organization of member of business of the member			
	Jose Pichardo			

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Filing Fee: \$25.00