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TALLAHASSEE FLORIDA

MAR 31 2015
BRUCH

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GREEN AGRI SOLUTIONS, LLC
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:

ANDREW J HIGGINBOTHAM

Name of Person

LABELLE CPA, PA

Firm/Company

P O BOX 1466

Address

LABELLE, FL. 33975

City/State and Zip Code

ANDY@LABELLECPA.COM

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

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TALLAHASSEE, FLORIDA
CLERK OF STATE

For further information concerning this matter, please call:

ANDY HIGGINBOTHAM

Name of Person

863

at ()

Area Code

675-3903

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)

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

GREEN AGRI SOLUTIONS LLC

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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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			☐ Add
			☐ Remove
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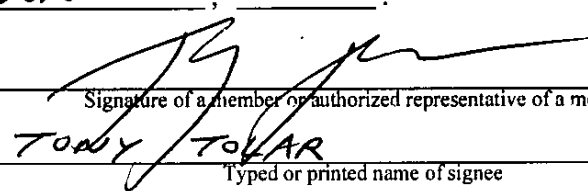
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TALLAHASSEE FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 3/09/2015



Signature of a member or authorized representative of a member

TONY TOLARA

Typed or printed name of signee

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Filing Fee: \$25.00

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