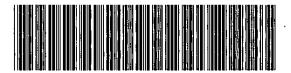
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C. LEWIS

SEP 2 8 2009

EXAMINER

### **COVER LETTER**

TO: Registration Sec Division of Corp		da de i	, , , , , , , , , , , , , , , , , , ,
••	BIOFUELS LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	GUY S. HAGGA	ARD, ESQUIRE	
		Name of Person	
	GRAYROBINS	ON, PA	
		Firm/Company	
*	301 E. PINE ST	TREET, SUITE 1400	
		Address	<u> </u>
	ORLANDO, FL	32801	
		City/State and Zip Code	
		gray-robinson.com	
	E-mail address: (1	o be used for future annual report notificat	ion)
For further information co	ncerning this matter, please o	all:	
Guy S. Haggard, Esquireat (407.) 244-5605			
Name of	Person	Area Code & Daytime To	elephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2009 SEP 25 PM 12: 58

SECRETARY OF STATE (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 \_\_\_\_\_June 29, 2009 and assigned Florida document number <u>L090</u>00063041 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: **BIOGREN LLC** The new name must be distinguishable and end with 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:

MSCW BIOFUELS LLC

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 608, 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> **Type of Action** <u>Name</u> <u>Address</u> ☐ Add Remove ☐ Add Remove □Add Remove Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2009, September 22 Dated Signature of a member or authorized representative of a member STEPHEN R. MILL'ER, MEMBER AND MANAGER Typed or printed name of signee Page 2 of 2 Filing Fee: \$25.00