

L10000008426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

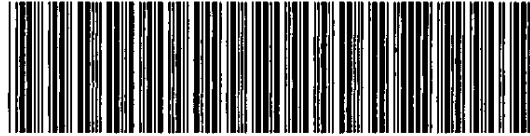
(Business Entity Name)

(Document Number)

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FILED
12 MAR 20 PM 12: 09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Cuffigan MAR 21 2012

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Intercharger USA 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:

Thomas G. Barry, Jr.
Name of Person

Hoff, Barry & Kozar, P.A.
Firm/Company

775 Prairie Center Drive
Address

Eden Prairie, MN 55344
City/State and Zip Code

tbarry@hbklaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas G. Barry, Jr. at (**952**) **746-2707**
Name of Person Area Code & 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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

12 MAR 20 PM 12: 09

Intercharger USA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 1/25/2010 and assigned
Florida document number L10000008426.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Smart Air Fuel Saver, 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:

141 East Central Ave.

(Principal office address MUST BE A STREET ADDRESS)

Winter Haven, Florida 33880

Enter new mailing address, if applicable:

141 East Central Ave.

(Mailing address MAY BE A POST OFFICE BOX)

Winter Haven, Florida 33880

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:

Philip Castleberg

New Registered Office Address:

141 East Central Ave.

Enter Florida street address

Winter Haven

Florida

33880

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 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.


If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	William M. Palsgraf	2192 SW Fears Ave. Port St. Lucie, FL 34953	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Rene Kaemmer	2192 SW Fears Ave. Port St. Lucie, FL 34953	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Jhoan A. Ferro	2192 SW Fears Ave. Port St. Lucie, FL 34953	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Philip Castleberg	141 East Central Ave. Winter Haven, Florida 33880	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Samuel Burlum	141 East Central Ave. Winter Haven, Florida 33880	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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 12 MAR 20 PM 12:09
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated MARCH 15, 2012

Philip Castleberg

Signature of a member or authorized representative of a member

Philip Castleberg

Typed or printed name of signee