L10000008426

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MECHELARY OF STATE
ALL AHASSEF, FLORIDA

COVER LETTER

TO: Registra Division	of Corporations				
SUBJECT:	Intercharger USA LLC				
•	Name of Limited Liability Company				
The enclosed Arti	cles of Amendment and fee(s) are submitted for filing.				
Please return all c	orrespondence concerning this matter to the following:				
	Name of Person	¢ ,			
	Hoff, Barry & Kozar, P.A. Firm/Company				
	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 inform	nation concerning this matter, please call:				
	Thomas G. Barry, Jr. at (952) 746-2707				
	Name of Person Area Code & Daytime Telephone Number				
Enclosed is a chec	ck for the following amount:				
₹ \$25.00 Filing I	Certificate of Status Certified Copy Certificate (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

FILES:

12 MAR 20 PM 12: 09

. Interchar <u>o</u> (<u>Name of the Limited Liability Com</u> (A Florida Limite	per USA LLC pany as it now appear d Liability Company)	SECRE FALLAP s on our records.)	TARY OF STATE IASSEE, F LORIDA	
The Articles of Organization for this Limited Liability Compa Florida document numberL1000008426	my were filed on	1/25/2010	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	ability company here	:		
Smart Air Fu	el Saver, LLC			
The new name must be distinguishable and end with the words "Li" "L.L.C."	mited Liability Compar	ny," the designation "	LLC" or the abbreviation	
Euter new principal offices address, if applicable:	141 East Cent	141 East Central Ave.		
(Principal office address MUST BE A STREET ADDRESS)	Winter Haven,	Winter Haven, Florida 33880		
Enter new mailing address, if applicable:	141 East Cent			
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on ou	Florida 33880 nr records, enter	the name of the new	
Name of New Registered Agent: Philip Cas	tleberg		······································	
New Registered Office Address: 141 East 6	Central Ave. Ente	entral Ave. Enter Florida street address		
1	14/fut-11-1			
	City	, Florida	33880 Zip Code	
lew Registered Agent's Signature, if changing Registered Agen	•			

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>	Name	Address	Type of Action				
MGRM	William M. Palsgraf	2192 SW Fears Ave. Port St. Lucie, FL 34953	Add ✓ Remove				
MGRM	Rene Kaemmer	2192 SW Fears Ave. Port St. Lucie, FL 34953	Add ✓ Remove				
MGRM	Jhoan A. Ferro	2192 SW Fears Ave. Port St Lucie, FL 34953	Add				
MGRM	Philip Castleberg	141 Fast Central Ave. Winter Haven, Elorida 33880	Add Remove				
MGRM	Samuel Burlum	141 East Central Ave. Winter Haven, Florida 33880	ZAdd ☐Remove				
			Add Remove				
D. If amen	ding any other information, enter change	(8) here: (Attach additional sheets, if necessar	ry.) 				
			J2 MAR 20 PM SECKLIARY OF IALLAHASSEE, F				
Dated	NUMBER 15, 2012 Signature of a member of	or authorized representative of a member	PM I2: 09 OF STATE E, FLORIDA				
		ilip Castleberg					
	Typed o	r printed name of signee					

Page 2 of 2

Filing Fee: \$25.00