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SEURETARY OF STATE
TALLAHASSEE, FLORIN.

D. BRUCE

SEP 28 2010

MINER

## **COVER LETTER**

TO: Registration of Division of	on Section Corporations		
SUBJECT:	Summi	t Biodiesel LLC	
50 <b>132</b> CT		ited Liability Company	
The enclosed Article	es of Amendment and fee(s) are su	bmitted for filing.	
Please return all con	respondence concerning this matte	er to the following:	
		Abe N. Freeman	
		Name of Person	
		Summit Biodiesel LLC	
		Firm/Company	
	174	5 S. John Young Parkway	
		Address	
		Kissimmee	SEC NELL
		City/State and Zip Code	SEP SEP
		bill@blcc.biz	ARY SSE
	E-mail address:	(to be used for future annual report not	iffication)
For further informat	ion concerning this matter, please	call:	of STATE
	Abe N. Freeman	at ( 407 )	344-1194 DE 3
Ni	ame of Person		me Telephone Number
Enclosed is a check	for the following amount:		
<b>₹</b> 25.00 Filing Fe	ce \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
R	IAILING ADDRESS: egistration Section ivision of Corporations	STREET/COUI Registration Sect Division of Corp	
Ρ.	O. Box 6327 allahassee, FL 32314	Clifton Building 2661 Executive (	

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Summit Biodiesel LLC		
(Name of the Limite	d Liability Company as it now appear A Florida Limited Liability Company)	rs on our records.)	<del>-</del>
The Articles of Organization for this Limited I	iability Company were filed on	6/18/07	and assigned
Florida document numberL0700006	33865		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, <u>enter the new name</u>	of the limited liability company her	<u>re</u> :	
The new name must be distinguishable and end w 'L.L.C."	ith the words "Limited Liability Compa	ny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if appli	cable:		<del></del>
<u>Principal office address MUST BE A STRE</u>	ET ADDRESS)		<u> </u>
		<u> </u>	S
		AS	7 7
Enter new mailing address, if applicable:	<u></u>	SEE.	<u> </u>
Mailing address MAY BE A POST OFFICE	<u> BOX)</u>	77	·
		ORI ORI	ة: O
	****	DA DA	
B. If amending the registered agent and registered agent and/or the new registered of the new registered agent and registered of the new registere		our records, <u>enter t</u>	ne name of the nev
Name of New Registered Agent:	Abe N. Freeman		
New Registered Office Address:	1745 S. John Young Parkw	vav	
		ter Florida street addı	ess
	Kissimmee	, Florida	34741
	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 Agen

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>	Address	Type of Action		
			Add Remove		
			Add Remove		
<del></del>			Add Remove		
			Add Remove		
			Add Remove		
<del></del>			Add Remove		
D. If amend	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary	10 SEP 27		
		E FLORIĎA	PH S: DI		
Dated	9/20/10				
		r or outhorized sorrecentative of a member			
	·	er or authorized representative of a member Abe N. Freeman			
		d or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00