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K.SALY EXAMINER MAY 20 2015

COVER LETTER

TO:	Registration Se Division of Cor			
cum		ologies LLC		
SOR.	JECT:	Name of Limi	ited Liability Company	
The e	enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Pleas	se return all correspo	ndence concerning this matter	to the following:	
		Gary Gosche		
			Name of Person	
		Juice Technologies LLC		
			Firm/Company	
		350 E 1st Ave, Suite 210		
			Address	
		Columbus, OH 43147		
			City/State and Zip Code	····
		gary.gosche@plugsmart.cor		
		E-mail address: (1	to be used for future annual report notific	cation)
For f	urther information c	oncerning this matter, please ca	all:	
Gary	Gosche		614 806-4249	
	Name of Person at () Area Code Daytime Telephone Number		Telephone Number	
Enclo	osed is a check for th	ne 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
2015 HAY 18 PM 4: 06
SLONGSPARY OF STATE

Juice Technologies LLC (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 $\underline{04/08/2008}$ and assigned Florida document number L08000035508 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain 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 . Florida _

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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		Fort Myers, FL 33966	Remove
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Filing Fee: \$25.00