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(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

JUN 28 2013

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: FUEL GONE GREEN 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:

**PETER COSENTINO**

Name of Person

**FUEL GONE GREEN LLC**

Firm/Company

**1630 22nd st. N.**

Address

**ST. PETERSBURG FL 33713**

City/State and Zip Code

**PETERCOSENTINO@YMAIL.COM**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**PETER COSENTINO**

Name of Person

at **727 224-6966**

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

SECRETARY OF STATE  
TALLAHASSEE, FL 32301

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**FUEL GONE GREEN 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 01/06/2009 and assigned  
Florida document number L09000001494.

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 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)

1499 22ND. ST. N.

SAINT PETERSBURG

FL 33713

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

13799 PARK BLVD. N. # 282

SEMINOLE FL 33776

**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:

PETER COSENTINO

New Registered Office Address:

1499 22ND. ST. N.

*Enter Florida street address*

SAINT PETERSBURG

Florida 33713

*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.*

*X Peter Cosentino*

**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

Title	Name	Address	Type of Action
MGRM	NANCY RACKLEY	1630 22ND. ST. N.	<input type="checkbox"/> Add
		ST. PETERSBURG FL	<input checked="" type="checkbox"/> Remove
		33713	
MGRM	PETER COSENTINO	13799 PARK BLVD. N.	<input checked="" type="checkbox"/> Add
		# 282 SEMINOLE	<input type="checkbox"/> Remove
		FL 33776	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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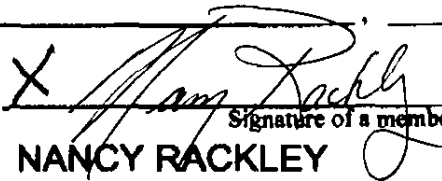
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Dated \_\_\_\_\_

X 

Signature of a member or authorized representative of a member

NANCY RACKLEY

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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