L12000062590

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SECRETARY OF STATE

JAN 1 5 2013 J. BRYAN

COVER LETTER

	egistration Section ivision of Corporations		
SUBJECT	Premium Green, LLC.		
SOBIEC!	Name of Limited Liability Company	-	
The enclos	. sed Articles of Amendment and fee(s) are submitted for filing.		
Please retu	rn all correspondence concerning this matter to the following:		
	Jeffrey H. Gross		
	Name of Person		
	Premium Green Technologies, LLC.		
	Firm/Company	_	
	110 Coleman Street	2013 SE(TAL	
	Address	至	
	Edgewater, FL. 32141	2013 JAN 14 PM 3: 50 SECRETARY OF STATE TALLAHASSEE, FLORIC	H
	City/State and Zip Code	- F R	O
	jeffreygross@bellsouth.net E-mail address: (to be used for future annual report notification)	- LOSE 3:	
	·	AND	
For further	information concerning this matter, please call:	مسمد	
Jeffr	ey H. Gross 443,243-0484		
	Name of Person Area Code & Daytime Telephone Num	ber	
	, · ·		

■\$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

□\$30.00 Filing Fee &

Certificate of Status

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

□\$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Premium Green, LLC.		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our record Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company Florida document number <u>L12000062590</u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Premium Green Technologies, LLC.		
The new name must be distinguishable and end with the words "Limi "L.L.C."	ited Liability Company," the designate	OI3
Enter new principal offices address, if applicable:	######################################	CRE T
(Principal office address MUST BE A STREET ADDRESS)	110 Coleman Street	SSE
	Edgewater, FL. 32141	Fig P
Enter new mailing address, if applicable:		3: 50 STATE LORIDA
(Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 451	
	Edgewater, FL. 32132	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	-	
	, Florid	da Zip Code
	Cuy	Lip 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 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	<u>Addre</u>	255	Type of Action
MGRM	Halvor Gassrud	194	4 Old Poverty Road	Add
		So	uthbury, CT. 06488	Remove
		***************************************		Add
				Remove
				20 F
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D. If amer	ding any other information, enter change(s) here: (Attach additional sheets, if no	ecessary.)		
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	,			
Dated Ja	nuary 10 , 2013	18 111		
Dutes	Chang of the	N		
	Signature of a member or authorized representative of a member		- `\	
	Jeffrey H. Gross	Ć.		
	Typed or printed name of signee		<u>-</u>	

Page 3 of 3

Filing Fee: \$25.00

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