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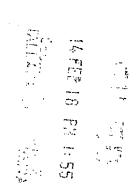
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# Philip C. Restino, CPA

27 Bay in the Wood Port Orange, Florida 32129 Phone/Fax: (386) 788-2918 Email: RestinoP@aol.com

February 10, 2014

Florida Department of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: ARTICLES OF AMENDMENT FOR PREMIUM GREEN TECHNOLOGIES, LLC, DOCUMENT NUMBER #L12000062590

(Sent USPS Certified Mail, Return Receipt #7009-2820-0002-6605-8159)

To whom it may concern:

I am writing on behalf of my client Premium Green Technologies, LLC to ask that you receive, process and appropriately record the attached Articles of Amendment to Articles of Incorporation and return a certified copy to Mr. Jeffrey H. Gross, as per the cover letter attached. Enclosed is a check in the amount of \$55.00 to cover the filing fee and the charge for the certified copy.

Please let me know if there is anything else required for completing the requested amendments as per the enclosed Articles of Amendment to Articles of Incorporation. I can be reached by telephone during regular business hours at (386) 788-2918. Thank you.

/ 11

Philip C. Restino, CP

Cc: Jeffrey H. Gross

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT: Premium Green Technologies 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:

Jeffrey H. Gross

Name of Person

Premium Green Technologies, LLC

Firm/Company

110 Coleman Street

Address

Edgewater, FL 32141

City/State and Zip Code

jeffreygross@bellsouth.net

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

For further information concerning this matter, please call:

Jeffrey H. Gross

Name of Person

<sub>...</sub>443、243-0

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Premium Green Technologies		
( <u>Name of the Limited Li</u> (A F	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number <u>L12000062590</u>	ity Company were filed on May 9, 2012	and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the word	s "Limited Liability Company," the designation "LLC" of	and the second
Enter new principal offices address, if applicable	<b>:</b>	
(Principal office address MUST BE A STREET A		742
		<u></u>
		70 22
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	n	25. <b>4</b>
(Maning duaress MAT BE AT OST OFFICE BOX		J. Kee
B. If amending the registered agent and/or registered agent and/or the new registered office		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
•	Enter Florida street address	
_	, Florid	
	City	Zıp 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 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:</u>

MGR = Manager

AMBR = Authorized Member **Title** Name <u>Address</u> **Type of Action** Halvor Gassrud 194 Old Poverty Road MGRM □ Add Southbury, CT 06488 **■** Remove Furulundsveien 4e Kristian Gassrud MGRM 🖪 Add 0282 Oslo ☐ Remove Norway □ Remove □ Remove □ Add \_□ Remove

Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt or filed date and c the date this document is filed by the Florida Department of State)	(optional) annot be more than 90 days after
Dated February 10 , 2014	
VI Man Florest	

Page 3 of 3

Filing Fee: \$25.00