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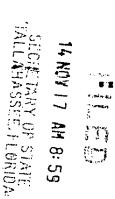
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Philip C. Restino, CPA 27 Bay in the Wood Port Orange, Florida 32129 7 Phone/Fax: (386) 788-2918 Email: RestinoP@aol.com

November 8, 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 #7014-0150-0002-0118-4161)

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.

Sincerely,

Philip 🕻. Restinø, CPA

Cc: Jeffrey H. Gross

COVER LETTER

	Régistratiòn Sec Division of Corp				
SUD IEC	Premium	Green Technologies LI	LC		
Name of Limited Liability Company					
The enclo	sed Articles of A	Amendment and fee(s) are subn	nitted for filing.		
Please reti	urn all correspor	ndence concerning this matter t	o the following:		
		Jeffrey H. Gross			
			Name of Person		
		Premium Green Tecl	hnologies, 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 furthe	r information co	e-mail address: (to		ation)	
Jeffrey	H. Gross		443 243-0484		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed i	is a check for the	e following amount:			
□ \$25.00	0 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

(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp.	pany were filed on May 9, 2012	and assigned
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	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		eter the name of the ne
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street address	ASSET AND ASSET OF THE PARTY OF
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Ag	<u>rent:</u>	9

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, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Kristian Gassrud	Furulundsveien 4e	
		0282 Oslo	■ Remove
		Norway	
MGRM	Halvor Gassrud	9 Union Square, #106	Add
		Southbury, CT 06488	Remove
			Add
			Remove
			
			Remove
			SAC DAAdd
			S S P S P S P S P S P S P S P S P S P S
			□ Add
			Remove

•	
fective date, if other than the date of filing: e effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more e date this document is filed by the Florida Department of State)	(optional) e than 90 days after
November 6 , 2014	
Laffrey 1 f 2	

Page 3 of 3

Filing Fee: \$25.00

SECRUTARY OF STATE

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