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COVER LETTER

Division of Cor	porations		
	PREMIUM VDG LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	endence concerning this matter	to the following:	
	MELINE GHARIBYAN		
		Name of Person	<u> </u>
		Firm/Company	
	9031 HORIZON POINTE	TRAIL	
	- 11-	Address	······
	WINDERMERE, FL 3478	66	
	INFO@GREEN-BEAT.CO	City/State and Zip Code M	
	E-mail address: (to be used for future annual repo	ort notification)
For further information c	oncerning this matter, please c	all:	
MELINE GHARIBYAN		407 488-8	855
Name o	f Person	at () Area Code	Daytime Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &

MAILING ADDRESS:

TO:

Registration Section

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

Certified Copy

(additional copy is enclosed)

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

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PREMIUM VDG LLC		
(Name of the Lim	ted Liability Company as it now app (A Florida Limited Liability Compan	ears on our records.) y)
The Articles of Organization for this Limited I Florida document number L16000030036	Liability Company were filed on	02/11/2016 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company	<u>here</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," th	ne designation "LLC" or the source viation "L.L.C."
Enter new principal offices address, if appli	cable:	<u> </u>
(Principal office address MUST BE A STRE	ET ADDRESS)	SSEE. F
Enter new mailing address, if applicable:		7: 38 STATE LORIDA
(Mailing address MAY BE A POST OFFICE	BOX)	· · · · · ·
B. If amending the registered agent and registered agent and/or the new registered of		on our records, enter the name of the new
Name of New Registered Agent:	MELINE GHARIBYAN	
New Registered Office Address:	9031 HORIZON POINTE TRA	
	Enter 1	Florida street address
	WINDERMERE	, Florida <u>34786</u>
	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 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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MARIAM BEZHANYAN	9031 HORIZON POINTE TRAIL	
		WINDERMERE, FL 34786	■ Remove
			Change
MGR	MELINE GHARIBYAN	9031 HORIZON POINTE TRAIL	■ Add
		WINDERMERE, FL 34786	□ Remove
		 	☐ Change
			Add
			Remove
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ated SEPTEMS	er 19	, _	2017	·						
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Filing Fee: \$25.00