L08000025994

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DIVISION OF CORPORATION

T. HAMPTON

MAY 1 3 2008

EXAMINER

COVER LETTER

TO: Registration Se Division of Corp	
SUBJECT: Internation	onal Rubber Solutions Ltd (Name of Limited Liability Company)
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.
Please return all correspon	ndence concerning this matter to the following:
	Cornel Cupidore
	(Name of Person)
	International Rubber Solutions Ltd
	(Firm/Company)
	915 NE 213th Terrace, Bldg. 63 Unit # 2
	(Address)
	NMB FL,33179
	(City/State and Zip Code)
For further information co	oncerning this matter, please call:
Cornel Cupidore	at (954) 673 3074
(Name o	f Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for th	e following amount:
\$25.00 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

SECRETARY OF STAIL DIVISION OF CORPORATIONS

International Rubber Solutions L L C
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on March 12th 2008 and assigned
Florida document number <u>L08000025994</u>
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."
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:
New Registered Office Address:
(Enter Florida street address)
, Florida
(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.

(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 Type of Action **Title Address** <u>Name</u> Jonel Nurse-Cupidore 915 NE 213th Terrace, Bldg 63 Unit # 2 7 Add Donna Lum You Preside 10519 SAN TRAVESO DR TAMPA FL Add Remove Remove Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated May 6 2008 Signature of/a member or authorized representative of a member Cornel Cupidore Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00