L11000037012

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(Address)					
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DIVISION OF COMPORATION

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COVER LETTER

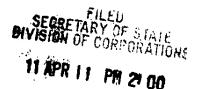
Division of Co			•		
SUBJECT:	Enduratech	Manufacturing, LLC			
Name of Limited Liability Company					
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.			
Please return all corresp	condence concerning this matter	to the following:			
	Ghada Skaff				
		Name of Person			
	Endur	atech Manufacturing,	LLC		
		5109 W. Knox Street			
		Address			
		Tampa, FL 33634			
					
	F-mail address: (gskaff@skaffco.net to be used for future annual repo	ort notification)		
For further information	concerning this matter, please of				
roi further miormation	concerning this matter, please of	an:			
	Ghada Skaff	at (813) Area Code &	786-7048		
Name	of Person	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 er	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
MAII	LING ADDRESS:	STREET/O	OURIER ADDRESS:		

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Endurater la Manufacturina



Zip Code

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.		
(A Florida Limited L	lability Company)		
The Articles of Organization for this Limited Liability Company	were filed on 03/28/11 and assigned		
Florida document numberL11000037012			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
Trainending name, enter the new name of the minited name	mey company nere.		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	5109 W. Knox Street		
(Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 33634		
Enter new mailing address, if applicable:	5109 W. Knox Street		
(Mailing address MAY BE A POST OFFICE BOX)	Tampa, FL 33634		
B. If amending the registered agent and/or registered of			
registered agent and/or the new registered office address here	₽:		
N. CN. D			
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	Enter r toriaa street aaaress		
	, Florida		

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.

City

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 = Ma MGRM = I	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	_ 9
			Single of a second
- 7			ARY OF STATE CORPORATIONS
Dated	Thule Juff		8 3
	Chala Skaff	or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00