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COVER LETTER

Registration Section

TO:

Div	ision of Corp	porations		
	PRODUCTI	ON RIGGING TECHNOLO	GIES LLC	
SUBJECT:		Name of Lin	nited Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspon	idence concerning this matter	to the following:	
		MARTIN IVANOV		
			Name of Person	
		PRODUCTION RIGGING	TECHNOLOGIES LLC	
			Firm/Company	
109 AMBERSWEET WAY #632				
			Address	
		DAVENPORT, FL 33897		
			City/State and Zip Code	
		MARTIN@PRORIGTECH	.COM to be used for future annual repor	at notification)
For further in	formation co	ncerning this matter, please c		
MARTIN IV	ANOV		407 694564	5
Name of Person		at () Area Code D	aytime Telephone Number	
Enclosed is a	check for the	following amount:		
■ \$25.00 Fi	iling 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)
	ing Address: istration Se		Street Addres Registration	
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		
	. Box 6327 ahassee, FI			of Tallahassee onroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRODUCTION RIGGING TECHNOLOGIES LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 12/08/2014 and assigned Florida document number L14000191129 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 109 AMBERSWEET WAY Enter new principal offices address, if applicable: #632 (Principal office address MUST BE A STREET ADDRESS) DAVENPORT, FL 33897 109 AMBERSWEET WAY Enter new mailing address, if applicable: #632 (Mailing address MAY BE A POST OFFICE BOX) DAVENPORT, FL 33897 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:		<u></u> ₹~		
New Registered Office Address:		LLA LLA	023	
	Enter Florida street address	HASS	٦	7
	Florida	SEX FX	_=_	
N D 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	City	74p C	.ode	m
New Registered Agent's Signature, if changing Registered Agent:		ر 10:	<u></u>	-

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	ANA CUELLAR	109 AMBERSWEET WAY, #632, DAVENPORT	`FL : ■Add
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			□Change
			□Add
			□Remove
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an effective date is listed, the date must be some: If the date inserted in this block cocument's effective date on the Depart e record specifies a delayed eff. The 90th day after the record	fective date, but r	us.		n. on the earli	
an effective date is listed, the date must be sote: If the date inserted in this block cocument's effective date on the Department's effective date of the D	fective date, but r	not an effective ti	me, at 12:01 a.r	n. on the earli	er of 2023

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