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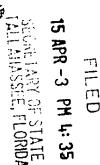
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COVER LETTER

Div	ision of Cor	porations		
SUBJECT:	Prodeck	Rubber LLC		
Selvicer.		Name of Lim	nited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Heidi Schulz		
		_	Name of Person	
		Prodeck Rubber		
			Firm/Company	
		2812 Sarasota Golf	Club Blvd.	
		-	Address	
		Sarasota FL 34240		
			City/State and Zip Code	
		matt128@outlook.com		
For further in	nformation co	E-mail address: (to be used for future annual report notificall.	cation)
Matt Schu		meering this matter, preuse of	941 915-7982	
	Name of	Person		Telephone Number
Enclosed is a	check for the	e following amount:		
\$25.00 F	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)

MAILING ADDRESS:

TO:

Registration Section

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

FILED 15 APR -3 PH 4: 35

Prodeck Rubber LLC (Name of the Limited Liability Company as it now appears on our Person (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 3/25/2015 and assigned Florida document number L15000053384 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

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.

City

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:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
P	Sid Weiler	2202 Shadow Oaks Drive	
		Sarasota FL 34240	■ Remove
			Add
			□ Remove
	•		
			□ Add
			□ Remove
			□ Remove
			□ Add
			CHIOVE
			☐ Add
			☐ Remove

		<u>.</u>
iffective date if other than the de	ate of filing:	(optional)
he effective date must be specific, cannot let date this document is filed by the Floric	ate of filing: be prior to date of receipt or filed date and cannot be more than 9 da Department of State)	0 days after
The effective date must be specific, cannot the date this document is filed by the Florid Dated March 30	be prior to date of receipt or filed date and cannot be more than 9 da Department of State) 2015	0 days after
Dated March 30	da Department of State) 2015	0 days after
Dated March 30	da Department of State)	0 days after

Page 3 of 3

Filing Fee: \$25.00