

LL6000 177 708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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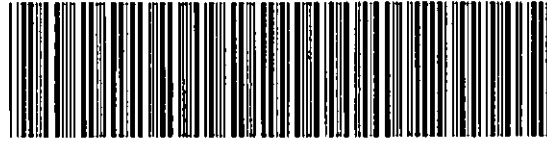
(Business Entity Name)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ALTITUDE RUBBER TECHNOLOGIES, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MATTHEW GREENAWAY  
Name of Person

ALTITUDE RUBBER TECHNOLOGIES, LLC  
Firm/Company

8470 BELVEDERE ROAD  
Address

WEST PALM BEACH, FL 33411  
City/State and Zip Code

marie.karimpanel@heavydutyfires.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MATTHEW GREENAWAY at (226) 456-8473  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	NORTHCLIFF HOLDINGS, INC.	8470 BELVEDERE ROAD	<input type="checkbox"/> Add
		WEST PALM BEACH, FL	<input checked="" type="checkbox"/> Remove
		33411	<input type="checkbox"/> Change
MGR	NEXTGEN TIRE, INC.	30 COLUMBIA AVE EAST	<input checked="" type="checkbox"/> Add
		SUITE F1, #519	<input type="checkbox"/> Remove
		BATTLE CREEK, MI 49015	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated JANUARY 6, 2020.

Signature of a member or authorized representative of a member

MATTHEW GREENAWAY

Typed or printed name of signee