11/9/2020

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BLACKLEDGER ENTITY MANAGEMENT LLC

Account Number : I20150000089 : (305)444-8800 Phone Fax Number : (305)444-4010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

To:

IMP RUBBER INTERNATIONAL LLC				
(Name of the Limited Liability ((A Florida Li	Company as it now appears o mited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Con- Florida document number L19000151444	npany were filed on $\frac{06/07}{1}$	//2019	and as	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	d liability company here	:		
The new name must be distinguishable and contain the words "Limited	I Liability Company," the desi	gnation "LLC" or t	he abbreviation "L	.L.C."
Enter new principal offices address, if applicable:			202	
(Principal office address MUST BE A STREET ADDRES	<u> </u>		<u> </u>	77
			~	***************************************
			. A	177
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·	AH 9:	
Mailing address MAY BE A POST OFFICE BOX)				
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B. If amending the registered agent and/or registered o	office address on our rec	ords, <u>enter the</u>	သ 9	w register
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:			သ 9	w register
B. If amending the registered agent and/or registered o agent and/or the new registered office address here: Name of New Registered Agent:		ords, <u>enter the</u>	သ 9	w register
B. If amending the registered agent and/or registered o agent and/or the new registered office address here: Name of New Registered Agent:			name of the ne	
B. If amending the registered agent and/or registered o agent and/or the new registered office address here: Name of New Registered Agent:	Enter Florida City	a street address	name of the ne	

If Changing Registered Agent, Signature of New Registered Agent

m: Raphaella de Carvalho Fax: 13054448800

Ta:

Fax: (850) 617-6383

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11/09/2020 12:49 PM

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>	Address	Type of Action
MGR	BRITO, MURILO	11447 NW 34 ST	□Add
		MIAMI, FL 33178	≣Remove
			□Change
MGR	CORRENTE, DAVID	11447 NW 34 ST	□Add
		MIAMI, FL 33178	■Remove
			□Change
MGR	VINICIUS ABREU RIBEIRO	7986 NW 105th Ct	= Add
		Doral FL 33178	□Remove
			2020-Change
			∠ΩAdd
			Remove
			□Change
			□Remove
			□Change
			□Remove
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fective date, if other than the an effective date is listed, the date mus ote: If the date inserted in this blocument's effective date on the Document.	t be specific and cannot be prior to cock does not meet the applicable	date of filing or more than 90 o	_ (optional) days after filing.) Po ents, this date wil	irsuant to 605,020 Il not be listed a
record specifies a delayed effective is filed.	e date, but not an effective time	, at 12:01 a.m. on the earli	er of: (b) The 9	Oth day after the
SEPTEMBER 23	, 2020			
	Signature of a member or authorize			