Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000422201 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : I20080000045

Phone : (302)645-7400

Fax Number : (302)645-1280

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

Email Address: helena.nelson@ewpolymergroup.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NORTH SOUTH VENTURES LLC

Certificate of Status 1 Certified Copy Û Page Count 03 Estimated Charge \$30.00

Electronic Filing Menu Corporate Filing Menu

Help

DEC 18 2023 T. LEMIEUX

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears	on the records of the Florida I	Department of
State: North South Ventures LLC		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
2. The Florida document number of this limited liab		986
Jurisdiction of its organization: Delaware		
4. Date authorized to do business in Florida: 05/01	/2014	
SECTION II (5-9 complete only the applicable cl		
	• .	
5. New name of the limited liability company: Circ (must	contain "Limited Liability Co	mpany, " "L.L.C.," or "LLC.")
		:
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or manust contain "Limited Liability Company," "L.L.C.	aging members adopting the a	business in Florida and attach a lternate name. The alternate name
6. If amending the registered agent and/or registered registered agent and/or the new registered office add	d officer address on our record dress here:	
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
New Registered Office Address.	Enter Floria	la Street Address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent the provisions of all statutes relative to the proper a and accept the obligations of my position as registed document is being filed to merely reflect a change in liability company has been notified in writing of this	t and agree to act in this capa and complete performance of r red agent as provided for in C in the registered office address	ny duties, and I am familiar with Chapter 605, F.S. Or, if this

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:				
Title/ Capacity	<u>Name</u>	Address	Type of Action	
	·		□∧dd	
			□Remov	
			□Remov	
			□Add	
			□Remov	
			□Add	
			□Remov	
<u>, , , , , , , , , , , , , , , , , , , </u>			⊡Add	
aforementioned am	he law of which this entity is orga HeQG	y the official having custody of records	□Removin the	

Filing Fee: \$25.00

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "NORTH SOUTH VENTURES LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "CIRCULAR RUBBER SOLUTIONS LLC" ON THE ELEVENTH DAY OF DECEMBER, A.D. 2023, AT 3:55 O'CLOCK P.M.

Authentication: 204826090

Date: 12-15-23