RI SOS Filing Number: 202325617130 Date: 1/3/2023 1:51:00 PM



State of Rhode Island

Department of State - Business Services Division

Pursuant to the provisions of RIGL 7-1,2-1411, the undersigned foreign corporation hereby applies for an

Application for Amended Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$75.00 (\$235 for an increase in authorized shares)

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Amended Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement: 1. Entity ID Number: 2. The name of the corporation is: 001742192 Midwest Industrial Rubber, Inc. 3. It is incorporated under the laws of: 4. List the date the Certificate of Authority was issued by the RI Department of State: Missouri 06/17/2022 5. If the entity's name has changed, Ammega US Inc. state the new name: Check box to indicate no change 6. The name, if different, which it elects to use in Rhode Island is: (a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation," "company," "incorporated," or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island: (b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application: 7. If the entity's purpose is changing complete the following section: *The new purpose should include ALL activity to be transacted in the State of Rhode Island. Check box to indicate no change ✓ Check the box to indicate an attachment

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JAN 0 \$ 2023 BY ML 1413TC

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If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

NUMBER OF SHARES	CLASS	SERIES	PAR VALUE	PAR VALUE OR STATE NO PAR VALUE		
Check the box to indicate	an attachment		Check	box to indicate	no chang	
of the corporation to be loc	cated within this state or tration to be owned du	tion that the estimated valu during the following year be ring the following year, whe	ears to the value	0	%	
be transacted by the corpo	oration at or from place ed to the gross amoun	tion of the gross amount of es of business in Rhode Isl it thereof which will be trans	and during sacted by the	.3996	%	
		centage obtained from wor anging indicate the new pri				
3. If the entity's principal p	lace of business is cha	anging indicate the new pri	ncipal address: Check	box to indicate	no change	
9. If the entity's principal p	lace of business is cha -1.2-105, the corporati	anging indicate the new pri	ncipal address: Check kes.			
9. If the entity's principal p 10. As required by RIGL <u>7</u> 11. Except as herein modi	lace of business is cha -1.2-105, the corporati fied, the original Applic	anging indicate the new pri	Check continues in	full force and ef	fect and is	
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I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

January 03, 2023 01:51 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

