

M 100 000000350

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

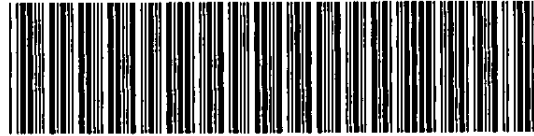
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

**A. LUNT**  
DEC 21 2012  
**EXAMINER**

Office Use Only



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FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
DEC 20 AM 11:00  
12/21/12--01001--005 \*\*55.00

RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
12 DEC 20 PM 2:59

December 20, 2012

Department of State, Florida  
Clifton Building  
2611 Executive Center Circle  
Tallahassee FL 32301

FILED  
2012 DEC 20 AM 11:00  
TALLAHASSEE, FLORIDA

Re: Order #: 8630330 SO  
Customer Reference 1: None Given  
Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

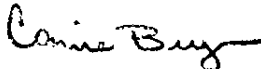
Liquid Service LLC (IN)  
Evidence of Amendment  
Florida

Liquid Holdings, LLC (IN)  
Obtain Document - Misc - Cert Copy Name Change (New Name - Liquid Services LLC)  
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,



Kenny Metayer  
Fulfillment Specialist - Contractor  
kenny.metayer@wolterskluwer.com

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Liquid Holdings, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sharon Mustafa

Name of Person

White/Peterman Properties, Inc.

Firm/Company

1000 East 80th Place - Suite 700 North

Address

Merrillville, IN 46410

City/State and Zip Code

smustafa@whitepeterman.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharon Mustafa

Name of Person

at ( 219 ) 757-3734

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

\$25 Filing Fee

\$30 Filing Fee &  
Certificate of Status

\$55 Filing Fee &  
Certified Copy

\$60 Filing Fee,  
Certificate of Status &  
Certified Copy

FILED  
2012 DEC 20 AM 11:00  
STATE TALLAHASSEE FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-3 must be completed)**

1. Name of limited liability company as it appears on the records of the Florida Department of State: Liquid Holdings, LLC
2. Jurisdiction of its organization: Indiana
3. Date authorized to do business in Florida: 01-26-2010

2012 DEC 20 AM 11:00  
FILED  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**SECTION II (4-7 complete only the applicable changes)**

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? 12/12/2011
5. New name of the limited liability company: Liquid Services LLC  
(must end with "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." or "LLC.")

6. If the amendment changes the period of duration, indicate new period of duration:  
\_\_\_\_\_
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:  
\_\_\_\_\_
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction:  
\_\_\_\_\_
9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
Signature of a member or the authorized representative of a member

WMB Corp., Its Manager By: Kevin Carlson, Vice President

Typed or printed name of signee

**Filing Fee: \$25.00**

The Indiana Secretary of State filing office certifies that this copy is on file in this office.

**State of Indiana**  
**Office of the Secretary of State**  
CERTIFICATE OF AMENDMENT  
of  
**LIQUID HOLDINGS, LLC**

I, Charles P. White, Secretary of State of Indiana, hereby certify that Articles of Amendment of the above Domestic Limited Liability Company (LLC) has been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Business Flexibility Act.

The name following said transaction will be:

**LIQUID SERVICES LLC**

FILED  
2012 DEC 20 AM 11:00  
SECRETARY OF STATE  
MILWAUKEE, INDIANA

NOW, THEREFORE, with this document I certify that said transaction will become effective Monday, December 12, 2011.

In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, December 12, 2011



*Charles P. White*

CHARLES P. WHITE,  
SECRETARY OF STATE

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