

M10000004085

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

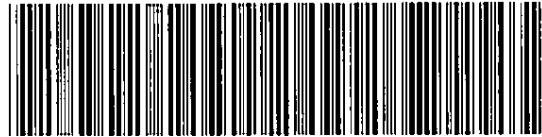
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300302513983

FILED

2017 AUG 18 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FL 32307

RECEIVED

17 AUG 18 10:10:00

SECRETARY OF STATE
TALLAHASSEE, FL 32307

K. SALY

AUG 21 2017

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 773903 8130940

AUTHORIZATION :

COST LIMIT : ~~\$ 35.00~~ \$25.00

ORDER DATE : August 17, 2017

ORDER TIME : 10:10 AM

ORDER NO. : 773903-050

CUSTOMER NO: 8130940

FOREIGN FILINGS

NAME: SABIC POLYMERSHAPES LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: _____

**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 Department of
State: SABIC Polymershapes LLC

Enter new principal office address, if applicable: _____

(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 liability company is: M10000004085

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 09/15/2010

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Polymershapes LLC
(must contain "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 contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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2011 AUG 18 AM 9:18
HALL COUNTY CLERK'S OFFICE
TALLAHASSEE, FLORIDA

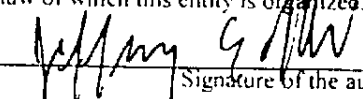
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	☐ Add
		_____	☐ Remove
_____	_____	_____	☐ Add
		_____	☐ Remove
_____	_____	_____	☐ Add
		_____	☐ Remove
_____	_____	_____	☐ Add
		_____	☐ Remove
_____	_____	_____	☐ Add
		_____	☐ Remove

9. Attached is a certificate, if required: 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 the authorized representative

Jeffrey E. Hebert, Member

Typed or printed name of signee

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 THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "SABIC POLYMERSHAPES LLC", CHANGING ITS NAME FROM "SABIC POLYMERSHAPES LLC" TO "POLYMERSHAPES LLC", FILED IN THIS OFFICE ON THE EIGHTH DAY OF DECEMBER, A.D. 2016, AT 10:35 O'CLOCK A.M.

FILED
2017 AUG 18 AM 9:18
CLERK OF STATE
HALL, 100 N. MARKET ST., 1ST FLOOR
DOVER, DE 19901




Jeffrey W. Bullock, Secretary of State

3472509 8100
SR# 20175766290

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203074185
Date: 08-17-17

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: SABIC Polymershapes LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The undersigned does hereby certify that the name of the LLC has been changed to Polymershapes LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 7th day of December, A.D. 2016.

By: Jeffrey E. Hebert
Authorized Person(s)

Name: Jeffrey E. Hebert

Print or Type

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2017 AUG 18 AM 9:19
DEPARTMENT OF STATE
HALL MARKS ST. DELO