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, FLORIDA

RECEIVED
17 AUG 18 [illegible]
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
AUG 21 2017

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

ACCOUNT NO. : I20000000195

REFERENCE : 773903 8130940

AUTHORIZATION : [signature]

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
XX ___ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ 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)

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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

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

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

Title/ Capacity	Name	Address	Type of Action
			☐ 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

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.

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2017 AUG 18 AM 9:18
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Jeffrey W. Bullock, Secretary of State

3472509 8100
SR# 20175766290

Authentication: 203074185
Date: 08-17-17

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

State of Delaware
Secretary of State
Division of Corporations
Delivered 10:35 AM 12/08/2016
FILED 10:35 AM 12/08/2016
SR 20166970798 - File Number 3472509

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

FILED
2017 AUG 18 AM 9:19
CLERK OF STATE
TALLAHASSEE, FLORIDA