

m100000005749  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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.

(((H21000282503 3)))



H210002825033ABCX

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 : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850)521-0821  
Fax Number : (850)558-1515

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

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
EASI OF MARYLAND, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

FILED  
2021 JUL 23 PM 2:06  
SECRETARY OF STATE  
TALLAHASSEE, FL

Name Change

Electronic Filing Menu

Corporate Filing Menu

Help

Same as  
R21000000141

JUL 27 2021

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D CUSHING

H21000282503 3

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANACT  
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: EASi of Maryland, 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: M10000005749

3. Jurisdiction of its organization: Maryland

4. Date authorized to do business in Florida: 11/10/2010

2021 JUL 23 PM 2:06  
SECRETARY OF STATE  
ALLAHMA SHERIF, FL

FILED

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

5. New name of the limited liability company: Actalent Services, 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:

H21000282503 3

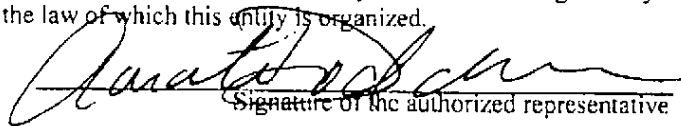
\_\_\_\_\_

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

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> 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

Aarati Doddanna

\_\_\_\_\_

Typed or printed name of signee

Filing Fee: \$25.00

**STATE OF MARYLAND**  
**Department of Assessments and Taxation**

I, Michael L. Higgs, Director of the State Department of Assessments and Taxation, hereby certify that the attached document, consisting of 2 pages, inscribed with the same Authentication Code, is a true copy of the public record of the

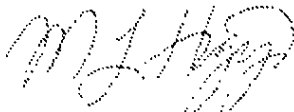
**ARTICLES OF AMENDMENT / NAME CHANGE-DOMESTIC LLC**

for  
**ACTALENT SERVICES, LLC**

(Department ID: **W06083281**)

I further certify that this document is a true copy generated from the online service with the State Department of Assessments and Taxation.

In witness whereof, I have hereunto subscribed my signature and affixed the seal of the State Department of Assessments and Taxation of Maryland at Baltimore on this July 14, 2021.



Michael L. Higgs  
Director



501 West Preston Street, Baltimore, Maryland 21201  
Telephone Baltimore Metro (410) 767-1344 / Outside Baltimore Metro (888) 246-5941  
MRS (Maryland Relay Service) (800) 735-2258 TTY/Voice

Online Certificate Authentication Code hv3Gkc5rH0CFWVLm0U\_Ng  
To verify the Authentication Code, visit <http://dat.maryland.gov/verify>

# CORPORATE CHARTER APPROVAL SHEET

H21000282503 3

**\*\* EXPEDITED SERVICE \*\***

**\*\* KEEP WITH DOCUMENT \*\***

DOCUMENT CODE 41A BUSINESS CODE \_\_\_\_\_


# W06083281

Close \_\_\_\_\_ Stock \_\_\_\_\_ Nonstock \_\_\_\_\_

P.A. \_\_\_\_\_ Religious \_\_\_\_\_

Merging /Converting \_\_\_\_\_

Surviving/Resulting \_\_\_\_\_



1000362013246782

ID # W06083281 ACK # 1000362013246782  
 PAGES: 0002  
 ACTALENT SERVICES, LLC

07/01/2021 AT 01:03 P MO # 0005078489

New Name Actalent Services, LLC

FEES REMITTED

Base Fee: 100  
 Org. & Cap. Fee: \_\_\_\_\_  
 Expedite Fee: 445  
 Penalty: \_\_\_\_\_  
 State Recordation Tax: \_\_\_\_\_  
 State Transfer Tax: \_\_\_\_\_  
1 Certified Copies  
 Copy Fee: 22  
 Certificates \_\_\_\_\_  
 Certificate of Status Fee: \_\_\_\_\_  
 Personal Property Filings: \_\_\_\_\_  
 NP Fund: \_\_\_\_\_  
 Other: \_\_\_\_\_

TOTAL FEES: 567

Credit Card \_\_\_\_\_ Check  Cash \_\_\_\_\_

Documents or: \_\_\_\_\_ Checks

Approved By: lb

Keyed By: \_\_\_\_\_

COMMENT(S):

- Change of Name
- \_\_\_\_\_ Change of Principal Office
- \_\_\_\_\_ Change of Resident Agent
- \_\_\_\_\_ Change of Resident Agent Address
- \_\_\_\_\_ Resignation of Resident Agent
- \_\_\_\_\_ Designation of Resident Agent and Resident Agent's Address
- \_\_\_\_\_ Change of Business Code
- \_\_\_\_\_ Adoption of Assumed Name
- \_\_\_\_\_ Other Change(s)

Code: 049

Attention: \_\_\_\_\_

Mail: Names and Address

CSC-LAWYERS INCORPORATING SERVICE COMPANY  
 7 ST. PAUL STREET  
 SUITE 820  
 BALTIMORE MD 21202

**CERTIFIED COPY MADE**

Stamp Work Order and Customer Number HERE

CUST ID: 0003861913  
 WORK ORDER: 0005078489  
 DATE: 07-01-2021 01:03 PM  
 AMT. PAID: \$567.00

H21000282503 3

ARTICLES OF AMENDMENT  
OF  
EASI, LLC

JUL 01 2021

THIS IS TO CERTIFY THAT:

FIRST: The Articles of Organization of EASI, LLC, a Maryland limited liability company (the "Company"), are hereby amended by deleting the existing Article Second and inserting a new Article Second in lieu thereof to read as follows:

SECOND: The name of the limited liability company (which is hereafter called the "Company") is "Actalent Services, LLC." ✓

SECOND: The amendment to the Articles of Organization of the Company as set forth above has been duly approved by all necessary action on behalf of the Company.

THIRD: The undersigned President acknowledges these Articles of Amendment to be the corporate act of the Company and, as to all matters and facts required to be verified under oath, the undersigned officer acknowledges that to the best of the President's knowledge, information and belief, these matters and facts are true in all material respects and that this statement is made under the penalties for perjury.

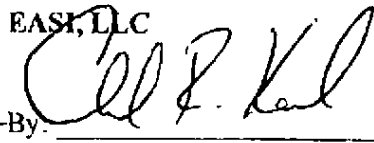
IN WITNESS WHEREOF, the Company has caused these Articles of Amendment to be signed in its name and on its behalf by its President and attested to by its Secretary on this 1<sup>st</sup> day of July, 2021.

ATTEST:



Name: Aarati Doddanna  
Title: Secretary

EASI, LLC



By: \_\_\_\_\_  
Name: Chad R. Koele  
Title: President

CUST ID:0003861913  
WORK ORDER:0005078489  
DATE:07-01-2021 01:03 PM  
AMT. PAID:\$567.00