M16000006326

(Red	questor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to F	iling Officer:	
		

Office Use Only



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COVER LETTER

TO:	_	stration Section sion of Corporations					
SUBJE	ECT:	Advanced Industrial Services LLC o	t Dela	aware			
		Name of Fore	ign L	imited Lia	bility Co	ompany	
Dear S	ir or N	Aadam:					
The en	closed	l application, certificate and fee(s	s) are	submitted	for filing	g.	
Please	return	all correspondence concerning t	his n	atter to th	e followi	ng:	
Stacey I	Brooks						
		Name of Person			_		
							705
		Firm/Company					pars accident
		7 mm Company					ری) در است سد در این در من در در
PO Box	1268						
		Address			_		:
Lancast	er, PA	17608					
		City/State and Zip Co	de				
sbrooks	@irex.	com					
E-ma	ail add	dress: (to be used for future annu	al rep	oort notific	ation)		
For fur	ther ir	nformation concerning this matte	r nle	ase call:			
Stacey I		-	·	717	399-5	163	
		Name of Person	at	`	le & Day	time Telephone N	umber
	Regi: Divis	ng Address: stration Section sion of Corporations			Registi Divisio	Address: ration Section on of Corporation	
		Box 6327 thassee, FL 32314			2415 N	entre of Tallahass N. Monroe Street, assee, FL 32303	
■\$ 25		osed is a check for the followin Fee \$30 Filing Fee & Certificate of Status	-	ount: \$55 Filin Certified	-		of Status &
CR2E055	5 (9/15)	1				Certifie	d Copy

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		orida Department of	f
State: Advanced Industrial Services LLC of Delay	vare		
Enter new principal office address, if applicable:			
(<u>Principal office address</u> MUST BE A STREET ADDRESS)			
· · · · · · · · · · · · · · · · · · ·			- 3
Enter new mailing address, if applicable:			15 19 mg
(Mailing address			: 19
MAY BE A POST OFFICE BOX)			
			- 104
2. The Florida document number of this limited liab	oility company is: M1600	00006326	11
3. Jurisdiction of its organization: Delaware		,	
4. Date authorized to do business in Florida: 08/08	/2016		
SECTION II (5-9 complete only the applicable c	• • •	¢.	
5. New name of the limited liability company:	contain of imitad Liabilit	u Componer 221 I	C " or "U C ")
(masi	comain 1.iiiiicu i.iabiiii	ty Company. 13.1	2.C., 01 1.1.C.)
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company." "L.L.C	aging members adopting	cting business in Fl the alternate name	orida and attach a . The alternate nam
6. If amending the registered agent and/or registered registered agent and/or the new registered office ad	d officer address on our r dress here:	ecords, enter the na	ime of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter F	Torida Street Addr	ess
		Florida	
	City	Florida	Zip Code
New Registered Agent's Signature, if changing Reg	gistered 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 the amendment cl	hanges person, title or capacity in	accordance with 605.0902 (1)(e), indicate	rate that change:
itle/ Capacity	<u>Name</u>	Address	Type of Action
			□Add
			□Remo
			□Remo
			Add
			□Remo
			Add
			□Remo
			__Add
aforementioned am	icate, if required: no more than 9 tendment(s), duly authenticated be he law of which this entity is org	y the official having custody of recor	□Remo

Filing Fee: \$25.00

Typed or printed name of signee

Page 1

Delaware The First State

I, CHARUNI PATIBANDA-SANCHEZ, 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 "ADVANCED

INDUSTRIAL SERVICES LLC", CHANGING ITS NAME FROM "ADVANCED

INDUSTRIAL SERVICES LLC" TO "IREX ADVANCED INDUSTRIAL LLC",

FILED IN THIS OFFICE ON THE TWENTIETH DAY OF MAY, A.D. 2025, AT

11:51 O'CLOCK A.M.



Charuni Patibanda-Sanchez, Secretary of State

C. G. Sanchez

Authentication: 203815588 Date: 05-29-25 State of Delaware
Secretary of State
Division of Corporations
Delivered 11:51 AM 05/20/2025
FILED 11:51 AM 05/20/2025
SR 20252459321 - File Number 4624149

STATE OF DELAWARE CERTIFICATE OF AMENDMENT OF CERTIFICATE OF FORMATION

The undersigned authorized person, desiring to amend the limited liability company formation pursuant to Section 18-202 of the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

I. Adv	The name of the limited liability comparanced Industrial Services LLC	y is
	The Certificate of Formation of the limit bllows: name of the limited liability company is changed to Ire	
	By:	John Lyons
	7 333	Authorized Person
	Name:	John C. Lyons
		Print or Type