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.

(((H19000096746 3)))



H190000967463ABC9

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

14154847068

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL

Account Number : 110432003053 : (561)694-8107 Phone Fax Number : (561)694-1639

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

11	Address:			
F. C. 18 1	MOOTERS:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ABB SUBSTATIONS CONTRACTING (US) LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

2. 2. 2.

14154847068

850-617-6381 3/25/2019 11:06:08 AM PAGE 1/001 Fax Server

March 25, 2019

FLORIDA DEPARTMENT OF STATE

ABB SUBSTATIONS CONTRACTING (US) LLC

SUBJECT: LINXON US LLC

REF: H19000096746

We received your electronically transmitted document. However, the document has not been filed: Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacy Prather Regulatory Specialist III FAX Aud. #: H19000096746 Letter Number: B19A00005833

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)

State: ABB Substations Cont		
Enter new principal office address, if applicable:	901 Main Campus Drive, Su	ite 210
(<u>Principal office address</u> MUST BE A STREET ADDRESS)	Raleigh, North Carolina 2	7606
Enter new mailing address, if applicable:	4030 West Boy Scout Boulevard, S	Suite 700
(<u>Mailing address</u> MAY BE A POST OFFICE BOX)	Tampa, FL 33607	
2. The Florida document number of this limited lia	ability company is: M1800004082	2019 H
3. Jurisdiction of its organization: Delawar	re	MAR 25
4. Date authorized to do business in Florida: 04	1/26/2018	
SECTION II (5-9 complete only the applicable	70. 39 "or "LLC.")	
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mamust contain "Limited Liability Company," "L.L.	maging members adopting the alternate name. The	a and attach a c alternate name
6. If amending the registered agent and/or register- registered agent and/or the new registered office a	ed officer address on our records, enter the name address here:	of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida Street Address	
	, Florida	Lip Code
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered age the provisions of all statutes relative to the proper and accept the obligations of my position as regis document is being filed to merely reflect a change liability company has been notified in writing of the	ent and agree to act in this capacity. I further agre r and complete performance of my duties, and I ar stered agent as provided for in Chapter 605, F.S. (r in the registered office address, I hereby confirm	m familiar with Or, if this

14154847068

Title/ Capacity	<u>Name</u>	Address Type of Action
MGR,CFO	Andrea Getchell	901 Main Campus Drive, Suite 210 ■Add
		Raleigh, North Carolina 27606
MGR,P	Alexander Nicolas	901 Main Campus Drive, Suite 210
		Raleigh, North Carolina 27606
orate Secret	ary	
MGR	C. Ernest Edgar, IV	901 Main Campus Drive, Suite 210
		Raleigh, North Carolina 27606
		Add 20 H

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

Jenisa Irizarry, Attorney-in-Fact

Typed or printed name of signee

Filing Fee: \$25.00

Attachment ABB SUBSTATIONS CONTRACTING (US) LLC

Remove the below Member and Manager

Title MBR

ABB INC. 305 GREGSON DR CARY, NC 27511

Title MGR

SCHEU, GREG 305 GREGSON DR CARY, NC 27511

Title MGR

FJELLAMN, PETER 305 GREGSON DR CARY, NC 27511

Title MGR

ONUSCHECK, DAVID 305 GREGSON DR CARY, NC 27511



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 "ABB SUBSTATIONS CONTRACTING (US) LLC", CHANGING ITS NAME FROM "ABB SUBSTATIONS CONTRACTING (US) LLC" TO "LINXON US LLC", FILED IN THIS OFFICE ON THE TWELFTH DAY OF MARCH, A.D. 2019, AT 12:17 O'CLOCK P.M.



Authentication: 202509457 Date: 03-25-19

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

Name	of Limited Lie	bility Comp	any:		
ABB	SUBSTATI	ONS CON	TRACTING	(US)	LLC
The (us foll		rmation of t	he limited liat	ility com	pany is hereby an
					
	icle 1- 1				
Lia	bility Co	ompany	is: Linx	on US	LLC
•					
•					
					
		-	_		uted this Certificat
he	27th	day of <u>·</u>	February		, A.D. 201
			_		
			_ ().	, 1	c 1/11
			By:		LVAG
				Autho	orized Person(s)
			Name: Bac	hel Kauf	fman, Special M