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## (850) 656- 4724 3458 lakesore Drive Tallahassee, FL 32312

Da	ite:	04/29/2025	- w: DW
		Acc#I20160000072	4. ( ) = V
Name:	Filterworks A	Acquisition USA, LLC	
Document #:			
Order #:	16269425		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:			
Certified Copy of			
Apostille/Notarial Certification:		Country of Destination:  Number of Certs:	
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Availability  Document  Examiner  Updater  Verifier  W.P. Verifier  Ref#	Amount:	\$ 55.00	

Thank you!

# 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)

Name of limited liability Company as it appears     State:	on the records of	the Florida Depart	iment of	105 F.C.
Enter new principal office address, if applicable:				_\ <sup>2</sup> } \
( <u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u> )				— (A
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				<del>_</del>
2. The Florida document number of this limited liab	pility company is:	M18000009985	<del></del>	
3. Jurisdiction of its organization: Delaware				
4. Date authorized to do business in Florida: 11/06	/2018	<del>-</del>		
5. New name of the limited liability company:  (must	itotality Holdings,	LLC Liability Compan	y, " "L.L.C.," or "L	. <u>LC.</u> ")
(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	laging members a	transacting busin dopting the alterna	ess in Florida and at ite name. The alterna	tach a ate name
6. If amending the registered agent and/or registered registered agent and/or the new registered office ad	d officer address ldress here:	on our records, <u>ent</u>	er the name of the n	<u>ew</u>
Name of New Registered Agent:		<u> </u>	<del></del>	
New Registered Office Address:		Enter Florida Str	eet Address	
			Florida	
	City		Zip Code	<del>e</del>
New Registered Agent's Signature, if changing Relative to the provisions of all statutes relative to the proper and accept the obligations of my position as registed document is being filed to merely reflect a change liability company has been notified in writing of the	nt and agree to ac and complete per ered agent as pro in the registered o	formance of my du vided for in Chava	ities, and Lam Jamili er 605, F.S. Or, if th	iar with is

8. If the amendment c	If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:					
Title/ Capacity	Name		Address	Type of Act		
				DA		
				□Re		
				DA		
		_		□Rc		
				□R		
Attached is a cert	ificate, if required: no	more than 90 days o	ld, evidencing the	□R		
aforementioned a	mendment(s), duly au the lawnfowhich this	thenticated by the off	ficial having custody of rec	ords in the		
	Peter kaur		horized representative			

Filing Fee: \$25.00



Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE

STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "FILTERWORKS

ACQUISITION USA, LLC", FILED A CERTIFICATE OF AMENDMENT,

CHANGING ITS NAME TO "AUTOTALITY HOLDINGS, LLC" ON THE

SEVENTEENTH DAY OF APRIL, A.D. 2025, AT 1:21 O'CLOCK P.M.



Charuni Patibanda-Sanchez, Secretary of State

C. G. Sanchey

Authentication: 203495671 Date: 04-22-25

7046947 8320 SR# 20251687053