M19000006788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

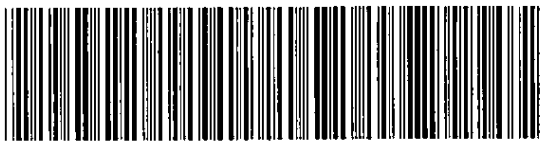
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

MAIL Out

Office Use Only



900399616039

01/18/23--01006--016 **60.00

RECEIVED
2023 JAN 18 AM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2023 JAN 27 AM 9:
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bucyrus Roller Repair, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stephen Chovan
Name of Person

Cathcart Rail, LLC
Firm/Company

8940 Lyra dr Suite 200
Address

Columbus, OH 43240
City/State and Zip Code

Stephen.Chovan@cathcart-rail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen Chovan at (380) 390-2053
Name of Person Area Code & Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ $25 Filing Fee ☐ $30 Filing Fee & Certificate of Status ☐ $55 Filing Fee & Certified Copy ☒ $60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 19, 2023

RECEIVED
2023 JAN 27 PM 1:06
TALLAHASSEE, FLORIDA

STEPHEN CHOVEN
8940 LYRA DRIVE
SUITE 200
COLUMBUS, OH 43240

MAIL OUT

SUBJECT: BUCYRUS RAILCAR REPAIR, LLC
Ref. Number: M19000006788

We have received your document for BUCYRUS RAILCAR REPAIR, LLC and your check(s) totaling $60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

The Registered Agents name must be listed in the Amendment exactly as it appears on DOS records.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist III

Letter Number: 123A00001306

MAIL-out

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

FILED
2023 JAN 27 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FL

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: Bucyrus Railcar Repair, LLC

Enter new principal office address, if applicable: 1240 S Liberia Rd

(Principal office address MUST BE A STREET ADDRESS) Tallahassee, FL 32304

Enter new mailing address, if applicable: 8940 Lyra dr Suite 200

(Mailing address MAY BE A POST OFFICE BOX) Columbus, OH 43240

2. The Florida document number of this limited liability company is: M19000006788

3. Jurisdiction of its organization: IL

4. Date authorized to do business in Florida: 7/5/2019

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

5. New name of the limited liability company: Cathcart Field 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: CT Corporation System

New Registered Office Address: 1200 South Pine Island Rd
Enter Florida Street Address

Plantation, Florida 33324
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.

Christine Kelly Assistant Secretary

If Changing Registered Agent, Signature of New Registered Agent

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

_____

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
MGR	Stephen Chovan	8440 Lyndr Suite 200	☐Add
		Columbus OH 43240	☐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

Stephen Chovan

Typed or printed name of signee

Filing Fee: $25.00

FILED
2023 JAN 27 AM 9:19
SECRETARY OF STATE
FALL RIVER, MA

File Number 0551321-9

STATE OF ILLINOIS

OFFICE OF

THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

CATHCART FIELD SERVICES, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON DECEMBER 03, 2015, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

SEAL OF THE STATE OF ILLINOIS AUG. 26TH 1818

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 26TH *day of* JANUARY *A.D.* 2023 .

Authentication #: 2302602936 verifiable until 01/26/2024

Authenticate at: https://www.ilsos.gov

Alexi Giannoulias

SECRETARY OF STATE