

MI8000002210

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

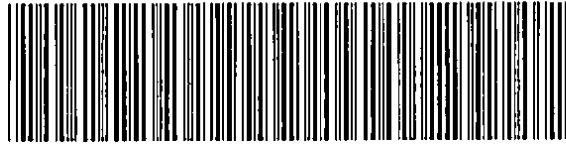
(Document Number)

Certified Copies _____

Certificates of Status _____

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Office Use Only



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2020 JAN - 8 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FL

20 JAN - 8 PM 3:51

O SIMMONS

JAN - 9 2020

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 1/8/2020

Acc#I20160000072

en: c DW

Name:	ALFA LAVAL CHAMP LLC (TSM CHAMP, LLC)
Document #:	
Order #:	12538217 - 1

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

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)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Alfa Laval Champ 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: M18000002210

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: March 5, 2018

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

5. New name of the limited liability company: TSM Champ, 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

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TALLAHASSEE, FL

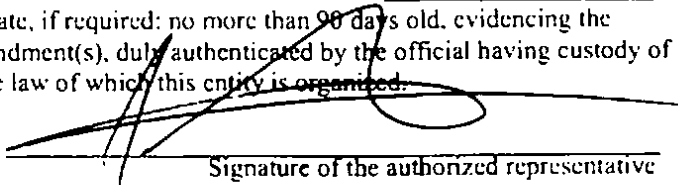
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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), 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
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			<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

Jordan K. Schwartz

Typed or printed name of signee

Filing Fee: \$25.00


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SECRETARY OF STATE
TALLAHASSEE, FL

Delaware

The First State

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 'ALFA LAVAL CHAMP LLC', CHANGING ITS NAME FROM "ALFA LAVAL CHAMP LLC" TO "TSM CHAMP, LLC", FILED IN THIS OFFICE ON THE THIRD DAY OF JANUARY, A.D. 2020, AT 5:39 O'CLOCK P.M.



Jeffrey W. Bullock, Secretary of State

6174289 8100
SR# 20200057189

Authentication: 202122149
Date: 01-06-20

You may verify this certificate online at corp.delaware.gov/authver.shtml

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: _____
Alfa Laval Champ LLC


2. The Certificate of Formation of the limited liability company is hereby amended
as follows:

Section 1 of the Certificate of Formation is deleted
and replaced in its entirety with the following:

1. The name of the limited liability company is:

TSM Champ, LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on
the first day of January, A.D. 2020.

By: 
Authorized Person(s)

Name: Ken Robinson

Print or Type