(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
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600371423816

OCT 1 2 2021 I ALBRITTON CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 085784 5060809

AUTHORIZATION :

COST LIMIT : \$ 43.75

ORDER DATE : October 7, 2021

ORDER TIME : 9:48 AM

ORDER NO. : 085784-015

CUSTOMER NO: 5060809

FOREIGN FILINGS

NAME: PRAXAIR DISTRIBUTION, INC.

XX ___ CORPORATE
____ LIMITED PARTNERSHIP
LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT# 61594

EXAMINER:

COVER LETTER

TO: Amendm	ent Section Division of Corporati	ons		
_{SUBJECT:} Pra	xair Distribution, Inc	С.		
	Name	of Corporation		
DOCUMENT NU	MBER: F97000001891			
The enclosed Ame	ndment and fee are submitted for	filing.		
Please return all co	orrespondence concerning this ma	tter to the followin	g:	
Kerri Mons	sen			
	Name of Contact Person		-	
Linde Inc.				
• .	Firm/Company		_	
10 Rivervi	ew Dr			
	Address		-	
Danbury, (CT 06810			
	City/State and Zip Code		_	
E-mail addre	ss: (to be used for future annual r	eport notification)		
	ation concerning this matter, plea			
Kerri Mons	-	203	,837-20	107
	of Contact Person	_ at (_)	Telephone Number
		Area Code	e & Daytime	relephone Number
Enclosed is a check	k for the following amount:			
□\$35 Filing Fee	☐ \$43.75 Filing Fee &	≡ \$43.75 Fil	ing Fee &	□ \$52.50 Filing Fee,
	Certificate of Status	Certified Copy		Certificate of Status & Certified Copy
Mariato e	ddaaa	8	a.a	
Mailing Address: Amendment Section		<u>Street A</u> Amendo	iddress: nent Section	
Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, F1, 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I (1-3 MUST BE COMPLETED)

	F97000001891		
	(Document num	ber of corporation (if known)	基
Praxair Distribution, Inc.			111 9: 09
()	Name of corporation as it appear	ars on the records of the Department of State)	2 -
Delaware		3. 4/11/1997	
(Incorporat	ted under laws of)	3. (Date authorized to do business	in Florida)
		SECTION II	
	(4-7 COMPLETE ONL)	Y THE APPLICABLE CHANGES)	
-	name of the corporation, when	was the change effected under the laws of its jurisc	diction of
Linde Gas & Equipment Inc.			
(Name of corporation after the not contained in new name of t		rporation," "company," or "incorporated," or appro	
(If new name is unavailable in F	florida, enter alternate corporat	te name adopted for the purpose of transacting bus	iness in Florida)
6. If the amendment changes	the period of duration, indicate	e new period of duration.	
		New duration)	
7. If the amendment changes	the jurisdiction of incorporation	on, indicate new jurisdiction.	
	(No	ew jurisdiction)	
8. If the amendment changes the	jurisdiction of organization, in	dicate new jurisdiction:	
9. If the amendment changes person	on, title or capacity in accordan	ice with 607.1504 (4), indicate that change:	_

Title/ Capacity Name	Address	Type of Action
		□Add
	·	□Remove
		□Add
		□Remove
		□Add
		□Remove
		□Add
		□Remove
	-	□Remove
 Attached is a certificate or document of similar import, evidencing the a of the application to the Department of State, by the Secretary of State or o under the laws of which it is incorporated. 	mendment, authenticated not n therofficial having custody of c	ore than 90 days prior to delivery orporate records in the jurisdiction
(Signature of a director, president or	other officer - if in the hands of	···
a receiver or other court appointed f Robert I, Morrison	fiduciary, by that fiduciary)	
(Typed or printed name of person signing)	Secretary (Title of person	signing)

FILING FEE \$35.00

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "PRAXAIR DISTRIBUTION,

INC.", FILED A CERTIFICATE OF OWNERSHIP, CHANGING ITS NAME TO

"LINDE GAS & EQUIPMENT INC." ON THE FOURTH DAY OF OCTOBER, A.D.

2021, AT 11:40 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF OWNERSHIP IS THE ELEVENTH DAY OF OCTOBER, A.D. 2021 AT 12:01 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE

EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE

RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT

BUSINESS.



Authentication: 204372965

Date: 10-11-21