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CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 11/17/2017

ACCT. I20160000072

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Name:	Ductilcrete Technologies, LLC (FL)
Document #:	
Order #:	10720146

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
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Amount \$ 60.00

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ductilcrete Technologies, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alexander Nielsen

Name of Person

GCP Applied Technologies Inc.

Firm/Company

62 Whittemore Avenue

Address

Cambridge, MA 02140

City/State and Zip Code

alexander.nielsen@gcpat.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alexander Nielsen

at 617 498-4917

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Ductilcrete Technologies, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on December 16, 2016 and assigned
Florida document number L16000227366

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

c/o GCP Applied Technologies Inc.

62 Whittemore Avenue

Cambridge, MA 02140

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

c/o GCP Applied Technologies Inc.

62 Whittemore Avenue

Cambridge, MA 02140

B. If amending the registered agent and/or registered office 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 S. Pine Island Rd. #250

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.


James M. Halpin
Assistant Secretary
If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR; M	GCP Applied Technologies Inc.	62 Whittemore Avenue	<input checked="" type="checkbox"/> Add
		Cambridge, MA 02140	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR; M	Ductilcrete Holdings, LLC	9128 Strada Place, #10115	<input type="checkbox"/> Add
		Naples, FL 34108	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated November 9 2017

John W. Kapples

Typed or printed name of signee