

M03000002159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

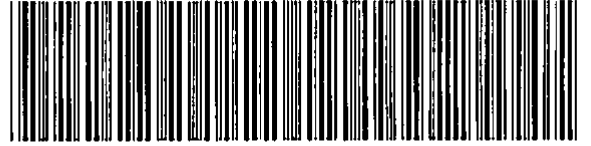
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
19 JUL 17 PM 3:40
TALLAHASSEE, FLORIDA
19 JUL 17 PM 10:28

K. SALY
JUL 18 2019

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 845697 7304793
AUTHORIZATION : *Lydia Cohen*
COST LIMIT : \$ 25.00

ORDER DATE : July 16, 2019
ORDER TIME : 8:57 AM
ORDER NO. : 845697-030
CUSTOMER NO: 7304793

FOREIGN FILINGS

NAME: STEINER PRODUCT SUPPORT U.S.,
LLC

CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen -- EXT#

EXAMINER: _____

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)

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1. Name of limited liability Company as it appears on the records of the Florida Department of
State: Steiner Product Support U.S., LLC

Enter new principal office address, if applicable: Elemis
1140 Broadway, Suite 1601
New York, NY 10001

*(Principal office address
MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable: Elemis USA, Inc.
770 S. Dixie Highway, Ste. 200
Coral Gables, FL 33146

*(Mailing address
MAY BE A POST OFFICE BOX)*

2. The Florida document number of this limited liability company is: M03000002159

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 06/26/2003

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

5. New name of the limited liability company: Elemis SPS 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

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:

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19 JUL 17 PM 3:
TALLAHASSEE, FLORIDA

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Manager</u>	<u>Sean Harrington</u>	<u>Elemis, 1140 Broadway, Suite 1601</u>	<input checked="" type="checkbox"/> Add
		<u>New York, NY 10001</u>	<input type="checkbox"/> Remove
<u>Manager</u>	<u>Christopher Vieth</u>	<u>Elemis, 1140 Broadway, Suite 1601</u>	<input checked="" type="checkbox"/> Add
		<u>New York, NY 10001</u>	<input type="checkbox"/> Remove
<u>Manager</u>	<u>Noella Gabriel</u>	<u>Elemis, 1140 Broadway, Suite 1601</u>	<input checked="" type="checkbox"/> Add
		<u>New York, NY 10001</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Add
		_____	<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

Christopher Vieth, Manager

Typed or printed name of signee

Filing Fee: \$25.00

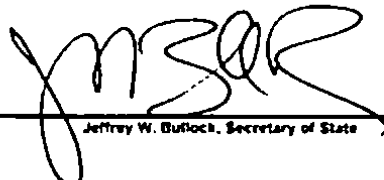
Delaware

The First State

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 "STEINER PRODUCT SUPPORT U.S., LLC", CHANGING ITS NAME FROM "STEINER PRODUCT SUPPORT U.S., LLC" TO "ELEMIS SPS LLC", FILED IN THIS OFFICE ON THE SIXTEENTH DAY OF JULY, A.D. 2019, AT 6:10 O`CLOCK P.M.

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STATE
DELAWARE
TALL MERIDEN, DELAWARE




Jeffrey W. Bullock, Secretary of State

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: _____
Steiner Product Support U.S., LLC

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

The amended entity name is: Elemis SPS LLC

The amended address of the registered agent is:
251 Little Falls Drive, Wilmington, DE 19808

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 30 day of MAY, A.D. 2019.

By: _____

Authorized Person(s)

Name: Christopher Vieth

Print or Type

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
19 JUL 17 PM 3:42

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