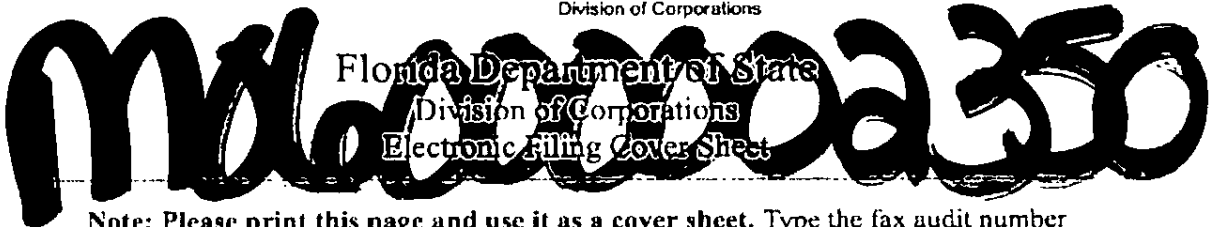


10/31/2019

Division of Corporations



Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000322693 3)))



H190003226933ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (514)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
NATIONAL FIRE PROTECTION, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

05:00:11 - NOV 01 2019

 2019 NOV - 1 PM 1:42
FILED

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Electronic Filing Menu

Corporate Filing Menu

Help

10/31/2019

10/31/2019

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)

2019 NOV - 1 P 1:42

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: National Fire Protection, LLC TALLAHASSEE, FLORIDA

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: M06000002350

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 04/25/2006

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

5. New name of the limited liability company: National WD, 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

City

Florida

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)(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
_____	_____	_____	<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

Michael Correra

Typed or printed name of signee

Filing Fee: \$25.00

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 "NATIONAL FIRE
PROTECTION, LLC". CHANGING ITS NAME FROM "NATIONAL FIRE
PROTECTION, LLC" TO "NATIONAL WD, LLC", FILED IN THIS OFFICE ON
THE TWENTY-NINTH DAY OF OCTOBER, A.D. 2019, AT 4:49 O'CLOCK
P.M.



4051629 8100
SR# 20197797502

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203897059
Date: 10-30-19

State of Delaware
Secretary of State
Division of Corporations
Delivered 04:49 PM 10/29/2019
FILED 04:49 PM 10/29/2019
SR 20197797502 - File Number 4051629

**CERTIFICATE *of* AMENDMENT
of
CERTIFICATE *of* FORMATION
of
NATIONAL FIRE PROTECTION, LLC**

This Certificate of Amendment of Certificate of Formation of National Fire Protection, LLC (the "Company"), is being duly executed and filed by Michael Correra, Chief Restructuring Officer and as an authorized person, under the Delaware Limited Liability Company Act (6 Del.C. §18-101 et seq.).

First: The name of the company is National Fire Protection, LLC.

Second: The Certificate of Formation of the Company shall be amended to change the name of the Company to National WD, LLC.

In Witness Whereof, the undersigned has executed this Certificate of Amendment of the Certificate of Formation as of this 28th day of October, 2019.

/s/Michael Correa

Name: Michael Correra

Title: Chief Restructuring Officer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "NATIONAL FIRE
PROTECTION, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS
NAME TO "NATIONAL WD, LLC" ON THE TWENTY-NINTH DAY OF OCTOBER,
A.D. 2019, AT 4:49 O'CLOCK P.M.



4051629 8320
SR# 20197826167

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 203902942
Date: 10-30-19