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#### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ARIZONA CHEMICAL COMPANY, LLC

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7/17/17, 2:45 PM

### 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: ARIZONA CHEMICAL CO	OMPANY, LLC	
Enter new principal office address, if applicable:		
( <u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u> )		
Enter new mailing address, if applicable: (Mailing address		7 <u>8</u> 28 1
MAY BE A POST OFFICE BOX		27 2
2. The Florida document number of this limited liab	oility company is: M0800001358	SEE L
3. Jurisdiction of its organization: Delaware		TORIE
4. Date authorized to do business in Florida: 03/	20/2008	> 0
SECTION II (5-9 complete only the applicable c	hanges)	
5. New name of the limited liability company: Ki	raton Chemical, LLC contain "Limited Liability Company," "L.L.	.C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company." "L.L.C	aging members adopting the alternate name.	orida and attach a The alternate name
6. If amending the registered agent and/or registered registered agent and/or the new registered office ad		me of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida Street Addre	100
		33
· · · · · · · · · · · · · · · · · · ·	City, Florida	Zip Code
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agen the provisions of all statutes relative to the proper of and accept the obligations of my position as registe document is being filed to merely reflect a change i liability company has been notified in writing of thi	it and agree to act in this capacity. I further a and complete performance of my duties, and ered agent as provided for in Chapter 605, F. in the registered office address, I hereby conf	I am familiar with S. Or, if this

tle/ Capacity	<u>Name</u>	Address	Type of Action
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			Remo

Typed or printed name of signee

## 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 "ARIZONA CHEMICAL COMPANY, LLC", CHANGING ITS NAME FROM "ARIZONA CHEMICAL COMPANY, LLC" TO "KRATON CHEMICAL, LLC", FILED IN THIS OFFICE ON THE THIRTEENTH DAY OF JULY, A.D. 2017, AT 11:17 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE SEVENTEENTH DAY OF JULY, A.D. 2017 AT 12:01 O'CLOCK A.M.

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Authentication: 202895727

Date: 07-17-17

# CERTIFICATE OF AMENDMENT TO THE CERTIFICATE OF FORMATION OF ARIZONA CHEMICAL COMPANY, LLC

This Certificate of Amendment to the Certificate of Formation of Arizona Chemical Company, LLC (the "Company") is being executed and filed by the undersigned authorized person pursuant to the Delaware Limited Liability Company Act (6 Del. Code § 18-101 et seq.).

- 1. The name of the Company is ARIZONA CHEMICAL COMPANY, LLC.
- 2. The Certificate of Formation, (dated January 1, 2008, the "Certificate") of the Company is hereby amended to read in its entirety as follows:
  - (a) "FIRST. The name of the limited liability company is KRATON CHEMICAL, LLC."
- 3. This Amendment to the Certificate of Formation shall be effective at 12:01 a.m. Eastern Time on July 17, 2017.

IN WITNESS WHEREOF, said Company has caused this Certificate of Amendment to be duly executed in its company name by its duly authorized officer on this 13<sup>th</sup> day of July 2017.

Name: Stephen E. Trembley

Title: Authorized Signatory