## M0900000813

(Requestor's Name)
(Address)
(1881888)
(Address)
(City/State/Zip/Phone #)
(5.1). (1.1). (1.1)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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2022 MAR 29 PM 12: 12

APPROVEL AND FILED

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 578.945 4804708
AUTHORIZATION: Spelle man
COST LIMIT : \$ 25.00
ORDER DATE: March 29, 2022
ORDER TIME : 2:39 PM
ORDER NO. : 578945-020
CUSTOMER NO: 4804708
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
FOREIGN FILINGS
NAME: ACL INARME (USA) LLC
CORPORATE LIMITED PARTNERSHIP XX LIMITED LIABILITY COMPANY
XXXX AMENDMENT
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Eyliena Baker EXT#

EXAMINER:

### **COVER LETTER**

TO: Registration Section Division of Corporations
2 motors of corporations
SUBJECT: ACL INARME (USA) LLC  Name of Foreign Limited Liability Company
Name of Foleigh Limited Liability Company
Dear Sir or Madam:
The enclosed application, certificate and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Megan Keating
Name of Person
Seward & Kissel LLP
Firm/Company
One Battery Park Plaza
Address
New York, New York 10004
City/State and Zip Code
keating@sewkis.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Megan Keating at ( 212 ) 574-1681
Name of Person Area Code & Daytime Telephone Number
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303
Enclosed is a check for the following amount:  □\$25 Filing Fee □ \$30 Filing Fee & □ \$55 Filing Fee & □ \$60 Filing Fee,  Certificate of Status Certified Copy Certified Copy  Certified Copy
CR2E055 (9/15)

# 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 appear	s on the records of the Florida	Department of	
State: ACL INARME (USA) 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 MAY BE A POST OFFICE BOX)		2022 MAR 2	
2. The Florida document number of this limited lia	bility company is: <u>M090000</u>	00813 : P	
3. Jurisdiction of its organization: <u>Delaware</u>		<u> </u>	
4. Date authorized to do business in Florida:F	ebruary 17, 2009	, 10	
SECTION II (5-9 complete only the applicable of	changes)		
5. New name of the limited liability company:(must	GRIMALDI DEEPSEA - AC contain "Limited Liability Co	L USA LLC mpany, " "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mar must contain "Limited Liability Company," "L.L.C	naging members adopting the a	pusiness in Florida and attach a lternate name. The alternate name	
6. If amending the registered agent and/or registere registered agent and/or the new registered office ad	d officer address on our record ldress here:	s, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florid		
<del></del>	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 capac and complete performance of n ered agent as provided for in C in the registered office address.	y duties, and I am familiar with hapter 605, F.S. Or, if this	
· · · · · · · · · · · · · · · · · · ·			

If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:					
itle/ Capacity	<u>Name</u>	Address	Type of Action		
	·		DAdd		
			□Remo		
			□Add		
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<u> </u>			□Add		
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			□Add		
			□Remo		
			□Add		
aforementioned ame	e law of which this entity is organize	e official having custody of records i	□Remov		

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 'ACL INARME (USA) LLC',
CHANGING ITS NAME FROM "ACL INARME (USA) LLC" TO "GRIMALDI
DEEPSEA - ACL USA LLC", FILED IN THIS OFFICE ON THE TWENTYTHIRD DAY OF MARCH, A.D. 2022, AT 1:25 O'CLOCK P.M.



Authentication: 203017993

Date: 03-27-22

4656161 8100 SR# 20221125891 **DELAWARE** 

State of Delaware Secretary of State Division of Corporations Delivered 01:25 PM 03/23/2022 FILED 01:25 PM 03/23/2022 SR 20221125891 - File Number 4656161

#### CERTIFICATE OF AMENDMENT

#### OF THE

#### **CERTIFICATE OF FORMATION**

OF

#### ACL INARME (USA) LLC

(Pursuant to Section 18-202 of the Delaware Limited Liability Company Act)

- 1. The name of the limited liability company is ACL Inarme (USA) LLC (the "Company").
- 2. Article 1 of the Certificate of Formation of the Company is hereby amended to reflect a change in the name of the Company, and shall read in its entirety as follows:
  - "1. The name of the limited liability company is: GRIMALDI DEEPSEA ACL USA LLC (the "Company")."
- 3. The amendment to the Certificate of Formation of the Company shall be effective upon filing.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment of the Certificate of Formation of the Company, this 21 day of Kerl, 2022.

ACL Inarme (USA) LLC

By:

Chris Leahy Authorized Person