

MD9 000001425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

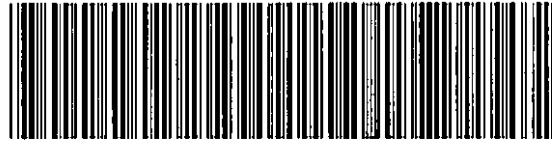
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2023 JUL 11 AM 11:55

MD9 000001425



2023 JUL 11 AM 11:18



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 12, 2023

CSC

RESUBMIT
Please give original
submission date as file date.

SUBJECT: LHOIST NORTH AMERICA OF ALABAMA, LLC
Ref. Number: M09000001425

We have received your document for LHOIST NORTH AMERICA OF ALABAMA, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles are cutoff.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 323A00015465

2023 JUL 11 AM 11:55

2023 JUL 13 PM 3:24

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

ACCOUNT NO. : I20000000195

REFERENCE : 860712 4700320

AUTHORIZATION :

COST LIMIT : \$ 25.00



ORDER DATE : July 10, 2023

ORDER TIME : 9:31 AM

ORDER NO. : 860712-005

CUSTOMER NO: 4700320

2023 JUL 11 AM 11:56

FOREIGN FILINGS

NAME: LHOIST NORTH AMERICA OF
ALABAMA, 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: Eyliena Baker -- 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)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: Lhoist North America of Alabama, LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

5600 Clearfork Main Street, Suite 300

Fort Worth, Texas 76109

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: M09000001425

3. Jurisdiction of its organization: Alabama

4. Date authorized to do business in Florida: 4/15/2009

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

5. New name of the limited liability company: _____
(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:

Currently, the parent company of this entity is listed, rather than individual officers.

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
President & Ceo	<u>Dr. Philipp Niemann</u>	<u>5600 Clearfork Main Street, Suite 300</u>	<input checked="" type="checkbox"/> Add
		<u>Fort Worth, TX 76109</u>	<input type="checkbox"/> Remove
VP COMMERCIAL OPERATIONS	<u>Mark Milner</u>	<u>5600 Clearfork Main Street, Suite 300</u>	<input checked="" type="checkbox"/> Add
		<u>Fort Worth, TX 76109</u>	<input type="checkbox"/> Remove
VP & SECRETARY	<u>Kenneth E. Curtiss</u>	<u>5600 Clearfork Main Street, Suite 300</u>	<input checked="" type="checkbox"/> Add
		<u>Fort Worth, TX 76109</u>	<input type="checkbox"/> Remove
VP & CFO	<u>Stephen Shea</u>	<u>5600 Clearfork Main Street, Suite 300</u>	<input checked="" type="checkbox"/> Add
		<u>Fort Worth, TX 76109</u>	<input type="checkbox"/> Remove
TREASURER	<u>Mark Fanning</u>	<u>5600 Clearfork Main Street, Suite 300</u>	<input checked="" type="checkbox"/> Add
		<u>Fort Worth, TX 76109</u>	<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.

Rachel Galvan
Signature of the authorized representative

Rachel Galvan

Typed or printed name of signee

Filing Fee: \$25.00