

11/9/2020

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.

(((H20000386480 3)))



H200003864803ABC+

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 : (614)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
INDUSTRIAL SPECIALTY SERVICES, LLC**

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

Electronic Filing Menu

Corporate Filing Menu

Y SHelpER

NOV 10 2020

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: Industrial Specialty Services, LLC

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: M110000000317

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 01/24/2011

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

5. New name of the limited liability company: BrandSafway LDAR 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:

<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

Manish Shanbhag

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 "INDUSTRIAL SPECIALTY SERVICES, LLC". CHANGING ITS NAME FROM "INDUSTRIAL SPECIALTY SERVICES, LLC" TO "BRANDSAFWAY LDAR LLC", FILED IN THIS OFFICE ON THE SECOND DAY OF NOVEMBER, A.D. 2020, AT 1:35 O'CLOCK P.M.



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 in a small font.

4923989 8100
SR# 20208169919

Authentication: 204001829
Date: 11-04-20

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


STATE OF DELAWARE
CERTIFICATE OF AMENDMENT

State of Delaware
Secretary of State
Division of Corporations
Delivered 01:35 PM 11/02/2020
FILED 01:35 PM 11/02/2020
SR 20208169919 - File Number 4923989

1. Name of Limited Liability Company: Industrial Specialty Services, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

FIRST: The name of the limited liability company
is BrandSafway LDAR LLC

IN WITNESS WHEREOF, the undersigned has executed this Certificate on the 2nd day
of November, A.D. 2020.

By: 
Manish Shanbhag, Vice President

Division of Corporations - Filing

Page 1 of 1

Reservation Number	Entity Name	Entity Type	Cost (\$)	Status	Expiration Date
3240493	BrandSafway LDAR LLC	LimitedLiabilityCompany	\$75.00	Reserved	11/11/2020