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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : GREENSPOON MARDER, P.A.
Account Number : 076064003722
Phone : (888) 491-1120
Fax Number : (954) 343-6962

****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
GREYBRIDGE II, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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2012 NOV 13 AM 8:12
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J. SAULSBERRY
EXAMINER

NOV 14 2012

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: GREYBRIDGE II, LLC
2. Jurisdiction of its organization: DELAWARE
3. Date authorized to do business in Florida: NOVEMBER 5, 2012

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? NOVEMBER 9, 2012
5. New name of the limited liability company: VERIFRACT, LLC
(must end with "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 end with "Limited Liability Company," "L.L.C.," or "LLC.")

6. If the amendment changes the period of duration, indicate new period of duration:

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment corrects any false statement, indicate the statement being corrected and the correction:

9. Attached is an original certificate, 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 a member or the authorized representative of a member

ELLEN GILMORE

Typed or printed name of signee

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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Delaware

PAGE 1

The First State

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 "GREYBRIDGE II, LLC", CHANGING ITS NAME FROM "GREYBRIDGE II, LLC" TO "VERIFRACT, LLC", FILED IN THIS OFFICE ON THE NINTH DAY OF NOVEMBER, A.D. 2012, AT 5:12 O'CLOCK P.M.

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TALLAHASSEE, FLORIDA

5235036 8100

121215476

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9977858

DATE: 11-09-12

State of Delaware
Secretary of State
Division of Corporations
Delivered 05:20 PM 11/09/2012
FILED 05:12 PM 11/09/2012
SRV 121215476 - 5235036 FILE

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: Greybridge II, 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:
VERIFRACT, LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on
the 9th day of November, A.D. 2012.

By: 

Authorized Person(s)

Name: Ellen Gilmore

Print or Type

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