17130000057-53

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	· · · · · · · · · · · · · · · · · · ·
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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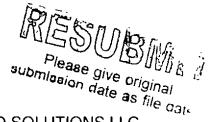
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AUG 0 7 2017 Y SULKER



August 3, 2017

CORPORATION SERVICE COMPANY



SUBJECT: POLYONE DESIGNED STRUCTURES AND SOLUTIONS LLC

Ref. Number: M13000005753

We have received your document for POLYONE DESIGNED STRUCTURES AND SOLUTIONS LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 217A00015694

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	12000000	0195	
	REFERENCE	:	742046	4304335	
	AUTHORIZATION	:	SAN	end	
	COST LIMIT	:	\$ 25/00	ma	
Opner name .	Tuly 26 2017				
ORDER DATE :	July 26, 2017				
ORDER TIME :	10:13 AM				
ORDER NO. :	742046-095				
CUSTOMER NO:	4304335				
					.
	FOREIGN F	<u>'ILI</u>	NGS		
NAME:	POLYONE DESIG			ES .	
	TE PARTNERSHIP LIABILITY COMPAN	ΙΥ			
XXXX AMENDMENT	Γ				
PLEASE RETURN	THE FOLLOWING AS	PR	OOF OF FI	LING:	
XX PLAIN	FIED COPY STAMPED COPY FICATE OF GOOD ST	'ANE	ING		
CONTACT PERSON	N: Melissa Zende	er -	- EXT# 62:	956	

EXAMINER:

COVER LETTER

Registration Section

TO:

Division of Corporations			
SUBJECT: POLYONE DESIGNED ST	RUCTURES	S AND SO	DLUTIONS LLC
Name of Foreign	n Limited Liabi	lity Compa	ny.
Dear Sir or Madam:			
The enclosed application, certificate and fee(s)	are submitted fo	or filing.	
Please return all correspondence concerning this	s matter to the f	ollowing:	
Sandy Ruiz			
Name of Person		-	
Kirkland & Ellis LLP			
Firm/Company		•	
300 North LaSalle			
Address		•	
Chicago, IL 60654			
City/State and Zip Code	:	-	
ruizs@kirkland.com			
E-mail address: (to be used for future annual	report notificat	ion)	
For further information concerning this matter,	please call:		
Sandy Ruiz	312	, 862 3	3344
Name of Person	Area Code	& Daytime	Telephone Number
STREET/COURIER ADDRESS:			NG ADDRESS:
Registration Section Division of Corporations		_	tion Section of Corporations
Clifton Building 2661 Executive Center Circle		P.O. Bo:	x 6327 sec. Florida 32314
Tallahassee, Florida 32301		. ananas	orang i keningka Jawa 171
Enclosed is a check for the following amount \$25 Filing Fee \$30 Filing Fee & Certificate of Status	t: \$55 Filin Certified	-	S60 Filing Fee, Certificate of Status &

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 Comp State: POLYONE DES	,		•	LLC	
Enter new principal office address					
(<u>Principal office address</u> <u>MUST BE A STREET ADDRES</u>	<u></u>				
Enter new mailing address, if app (<u>Mailing address</u> <u>MAY BE A POST OFFICE BOS</u>				7 A	
2. The Florida document number	of this limited liability com	pany is: M13000	0005753	16-2	p- 44
3. Jurisdiction of its organization	Delaware			AM I	
4. Date authorized to do business	in Florida: 9/12/2013			17: 14:0 14: 1	Mar. 10
SECTION II (5-9 complete only				}- -	
5. New name of the limited liabil	ity company: SPARTE (must contain "	CH LLC Limited Liability Co	ompany, " "L.L.C	D.," or "LLC.")	
(If name unavailable, enter alternations) of the written consent of the must contain "Limited Liability C	managers or managing mer	mbers adopting the a			
6. If amending the registered agen registered agent and/or the new re			ds, enter the nam	e of the new	
Name of New Registered Agent:	Corporation Servi	ce Company		-	
New Registered Office Address:	1201 Hays Street		····		
	Tallahass		da Street Addres. 3		
	- anamass	City	Florida <u>_3</u>	Zip Code	
New Registered Agent's Signature I hereby accept the appointment a the provisions of all statutes relate and accept the obligations of my particular to merely liability company has been notifice.	is registered agent and agre ive to the proper and compl position as registered agent reflect a change in the regi	re to act in this capa lete performance of as provided for in (my duties, and I Chapter 605, F.S	am familiar wit. . Or, if this	h Zender
	If Changing Re	egistered Agent, <u>Sig</u>	gnature of New R		

. If the amend	ment changes person, title or capacity in a	accordance with 605.0902 (1)(e), indicate th	at change:
Fitle/ Capacity	<u>Name</u>	Address	Type of Action
M	PolyOne Corporation	33587 Walker Rd.	Add
		Avon Lake, OH 440)12 ☐ Remove
MGR	Timothy Zappala	11650 LAKESIDE CROSSING CO	DURT ■Add
		MARYLAND HEIGHTS, MO 6:	3145 Remove
MGR Charles Eggert	Charles Eggert	11650 LAKESIDE CROSSING CC	OURT
		MARYLAND HEIGHTS, MO 63	3145 Remove
MGR Joseph Rooney	11650 LAKESIDE CROSSING CO	URT	
		MARYLAND HEIGHTS, MO 63	145 Remove
MGR George Abd	George Abd	11650 LAKESIDE CROSSING CO	URT Add
		MARYLAND HEIGHTS, MO 63	Remove
aforemention	under the law of which this entity is orga	the official having custody of records in t	AUG -2
		nted name of signee	AM H: 4,9

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "POLYONE DESIGNED STRUCTURES AND SOLUTIONS LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "SPARTECH LLC" ON THE NINETEENTH DAY OF JULY, A.D. 2017, AT 12:31 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.



Authentication: 202989401

Date: 08-02-17