

M/4000000167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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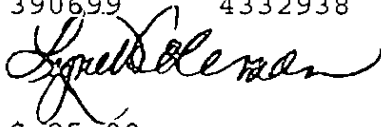


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RECEIVED  
2009 AUG 14 PM 2:00  
STATE OF NEW YORK  
DEPT. OF TAXATION & FINANCE

RECEIVED  
AUG 17 2009

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

ACCOUNT NO. : I20000000195  
REFERENCE : 390699 4332938  
AUTHORIZATION :   
COST LIMIT : \$ 25.00

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ORDER DATE : August 13, 2020  
ORDER TIME : 10:42 AM  
ORDER NO. : 390699-010  
CUSTOMER NO: 4332938

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FOREIGN FILINGS

NAME: SANDVIK CUSTOMER FINANCE 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: Kadesha Roberson -- EXT# 62980

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SANDVIK CUSTOMER FINANCE LLC  
Name of Foreign 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:

LYDIA YU

Name of Person

SANDVIK, INC.

Firm/Company

1702 NEVINS ROAD

Address

FAIR LAWN, NJ 07410

City/State and Zip Code

LYDIA.YU@SANDVIK.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LYDIA YU

Name of Person

at (201) 794-5035

Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

- ☐ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & 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 appears on the records of the Florida Department of

State: SANDVIK CUSTOMER FINANCE 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: M14000000167

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 01/09/2014

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

5. New name of the limited liability company: SANDVIK FINANCIAL SERVICES 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.*

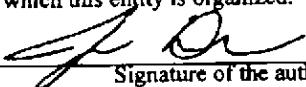
\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

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)(c), 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
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_____	_____	_____	<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

JASON DEMARS

\_\_\_\_\_  
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 "SANDVIK CUSTOMER FINANCE LLC", CHANGING ITS NAME FROM "SANDVIK CUSTOMER FINANCE LLC" TO "SANDVIK FINANCIAL SERVICES LLC", FILED IN THIS OFFICE ON THE SIXTH DAY OF AUGUST, A.D. 2020, AT 4:26 O'CLOCK P.M.



  
Jeffrey W. Bullock, Secretary of State

3747164 8100  
SR# 20206620975

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203425004  
Date: 08-07-20

**CERTIFICATE OF AMENDMENT  
OF  
CERTIFICATE OF FORMATION  
OF  
SANDVIK CUSTOMER FINANCE LLC**

**July 21, 2020**

Sandvik Customer Finance LLC, a limited liability company organized and existing under and by virtue of the Limited Liability Company Act of the State of Delaware (the "Company") does hereby certify:

**FIRST:** That Article First of the Company's Certificate of Formation, as amended, is further amended in its entirety to read as follows:

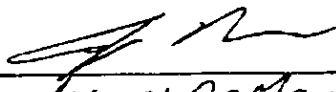
"**FIRST:** The name of the limited liability company is Sandvik Financial Services LLC."

**SECOND:** This amendment of the Company's Certificate of Formation shall be effective as of 12:01 A.M. Eastern time on July 22, 2020. This effective date is for accounting purposes only.

**IN WITNESS WHEREOF,** the Company has caused this certificate to be duly executed as of the date first written above.

SANDVIK CUSTOMER FINANCE LLC

By:  
Name:  
Title:

  
\_\_\_\_\_  
Jason Demais  
President