

M 14 00000 3381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

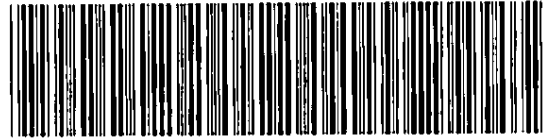
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



800433203268

FILED

2024 JUL 31 AM 9:37

TALLAHASSEE, FLORIDA

RECEIVED

2024 JUL 31 PM 3:45

TALLAHASSEE, FLORIDA

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

ACCOUNT NO. : I20000000195

REFERENCE : 563246 8038781

AUTHORIZATION : 

COST LIMIT : \$ 25.00

ORDER DATE : July 24, 2024

ORDER TIME : 11:44 AM

ORDER NO. : 563246-065

CUSTOMER NO: 8038781

FOREIGN FILINGS

NAME: SCHENCK PROCESS LLC

____ CORPORATE
____ LIMITED PARTNERSHIP
XX ____ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX ____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Miller -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Schenck Process 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:

Craig Peters

Name of Person

Dentons US LLP

Firm/Company

4520 Main Street, Suite 1100

Address

Kansas City, Missouri 64111

City/State and Zip Code

craig.peters@dentons.com

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

For further information concerning this matter, please call:

Craig Peters

at (816) 460-2504

Name of Person

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

**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: Schenck Process 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: M14000003381

3. Jurisdiction of its organization: Kansas

4. Date authorized to do business in Florida: 05/19/2014

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

5. New name of the limited liability company: Coperion Process Solutions 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

FILED
2024 JUL 31 AM 9:37
TALLAHASSEE, FLORIDA

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.

DocuSigned by
Gerald R. Brown, Jr.
Signature of the authorized representative

Gerald Brown, Manager

Typed or printed name of signee

Filing Fee: \$25.00



Kansas Secretary of State

File Date: 07/23/2024 08:30 AM



**KANSAS SECRETARY OF STATE
Business Entity Certificate
of Amendment**

Memorial Hall, 1st Floor
120 S.W. 10th Avenue
Topeka, KS 66612-1594

(785) 296-4564
kssos@sos.ks.gov
<https://sos.kansas.gov>

For-Profit 53-14
Not-for-profit 53-13

THIS SPACE FOR OFFICE USE ONLY.

1. Business entity ID/file number:

Not Federal Employer ID Number (FEIN).

70490

2. Name of business entity:

Must match name on record with Secretary of State.

Schenck Process LLC



3a. Indicate the type of document to be amended:

- | | |
|--|--|
| <input type="checkbox"/> Kansas For-Profit Articles of Incorporation (fee \$35) | <input type="checkbox"/> Kansas Limited Liability Partnership Statement of Qualification (fee \$35) |
| <input type="checkbox"/> Kansas Not-for-Profit Articles of Incorporation (fee \$20) | <input type="checkbox"/> General Partnership Statement of Partnership Authority (fee \$35) (Skip to Question 4.) |
| <input checked="" type="checkbox"/> Kansas Limited Liability Company Articles of Organization (fee \$35) | <input type="checkbox"/> Foreign Entity Application for Registration (fee \$35 for-profit; \$20 not-for-profit) |
| <input type="checkbox"/> Kansas Limited Partnership Certificate (fee \$35) | |

3b. The document indicated above is amended as follows:
(If additional space is needed please provide an attachment.)

The name of the limited liability company is changing to "Coperion Process Solutions LLC"

4. For general partnerships only – Identify the statement to be amended and indicate the amendment to be made:



5. Effective date:

<input type="checkbox"/> Upon filing with the Kansas Secretary of State	<input checked="" type="checkbox"/> Future effective date: (Cannot be later than 90 days after the date this certificate is filed.)	Month 7	Day 31	Year 2024
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6. Signature(s): Sign in the appropriate section below according to the type of business entity for which the amendment is being filed.

For Kansas corporations, limited liability companies and limited liability partnerships, general partnerships, and all foreign covered entities:

(See below for required signature.)*

I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct.

Signature

DocuSigned by:

Gerald R. Brown, Jr.

05BCSA02C207422

Name of Signer (Printed or Typed)

Gerald R. Brown, Jr., Authorized Person

*Kansas entities: Requires the signature of an authorized officer of a corporation, authorized person of a limited liability company or limited liability partnership, or a partner of a general partnership.

*Foreign covered entities: Requires the signature of an officer, director, authorized person or partner with authority according to the organic documents of the entity in its home state.

For Kansas limited partnerships only:

(See below for required signature(s).)**

I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct.

Signature of General Partner

Name of Signer (Printed or Typed)

Signature of new General Partner (if amendment adds a new general partner)

Name of Signer (Printed or Typed)

**Kansas limited partnerships: Requires the signature of at least one general partner and by each other general partner who is designated in the certificate of amendment as a new general partner.

Certified Date: 07/24/2024
Certificate Number: 20240724-244770