

M14000004652

(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



400290382504

RECEIVED  
16 SEP 20 AM 10:52  
SUFFICIENT FOR FILING

FILED  
2016 SEP 20 A 2:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S Warren

SEP 21 2016

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

ACCOUNT NO. : I20000000195

REFERENCE : 268466 7388687

AUTHORIZATION :

COST LIMIT :

\$ 25.00

ORDER DATE : August 26, 2016

ORDER TIME : 10:22 AM

ORDER NO. : 268466-080

CUSTOMER NO: 7388687

FOREIGN FILINGS

NAME: SEVERN TRENT DE NORA TEXAS,  
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: Melissa Zender -- EXT# 62956

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

**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: Severn Trent De Nora Texas, 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: M14000004652

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 07/01/2014

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

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

De Nora Water Technologies Texas, 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

2015 SEP 20 A 2:27  
SECRETARY OF STATE  
FLORIDA

FILED

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

Brent Shelley

Typed or printed name of signee

Filing Fee: \$25.00

2015 OCT 20 A 2:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

# 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 "SEVERN TRENT DE NORA  
TEXAS, LLC", CHANGING ITS NAME FROM "SEVERN TRENT DE NORA  
TEXAS, LLC" TO "DE NORA WATER TECHNOLOGIES TEXAS, LLC", FILED  
IN THIS OFFICE ON THE FOURTEENTH DAY OF JULY, A.D. 2015, AT  
6:04 O'CLOCK P.M.



3426660 8100  
SR# 20165836539

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203014967  
Date: 09-19-16

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 06:11 PM 07/14/2015  
FILED 06:04 PM 07/14/2015  
SRV 151049142 - 3426660 FILE

CERTIFICATE OF AMENDMENT  
TO THE  
CERTIFICATE OF FORMATION  
OF  
SEVERN TRENT DE NORA TEXAS, LLC

1. Name of limited liability company: Severn Trent De Nora Texas, LLC.
2. The Certificate of Formation of the limited liability company is hereby amended as follows:  
"1. The name of the limited liability company (the "LLC") is De Nora Water Technologies Texas, LLC."

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment to the Certificate of Formation of Severn Trent De Nora Texas, LLC this 14<sup>th</sup> day of July, 2015.

/s/ Lawrence Oliver Quinn  
Lawrence Oliver Quinn- Manager