

7/23/2018

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FILED
18 JUL 25 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
E5 SOLUTIONS GROUP, LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

JUL 26 2018

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

FILED
10 JUL 25 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, 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: e5 Solutions Group LLC
2. The Florida document number of this limited liability company is: M14000006742
3. Jurisdiction of its organization: Pennsylvania
4. Date authorized to do business in Florida: 09/18/2014

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

5. New name of the limited liability company: Serrala Services US 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 office 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
_____	_____	_____	<input type="checkbox"/> Add
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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

Jennifer Herz, Manager

 Typed or printed name of signer

Filing Fee: \$25.00

19 JUL 25 AM 8:22
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

07/25/2018

FILED
18 JUL 25 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

Serrala Services US, LLC

I, Robert Torres, Acting Secretary of the Commonwealth of Pennsylvania, do hereby certify that the foregoing and annexed is a true and correct copy of

Amendment filed on Jun 5, 2018 - Pages (2)

which appear of record in this department.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Robert Torres

Acting Secretary of the Commonwealth

Certification Number: TSC180725120720-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>

Entity#: 2988128
Date Filed : 06/05/2018
Pennsylvania Department of State

**PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

<input type="checkbox"/> Return document by mail to: <u>845036</u> Return per instructions on the expedite counter form.	Certificate of Amendment - Domestic Limited Partnership/Limited Liability Company DSCB:15-8622/8822 (rev. 2/2017) TCO180805ZN0598 18 JUL 25 AM 8:30 FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA
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Read all instructions prior to completing. This form may b

Fee: \$70

Check one: ☐ Limited Partnership (§ 8622) ☒ Limited Liability Company (§ 8822)

In compliance with the requirements of the applicable provisions (relating to Amendment or Restatement of Certificate), the undersigned, desiring to amend or restate its Certificate of Limited Partnership/Certificate of Organization, hereby certifies that:

1. The name of the limited partnership/limited liability company is: e5 Solutions Group, LLC

2. The date of filing of the original Certificate of Limited Partnership/Certificate of Organization is:

02/12/2001
Date (MM/DD/YYYY)

3. The current registered office address as on file with the Department of State. Complete part (a) OR (b) – not both:

(a) 910 Harvest Drive, Blue Bell, PA 19422 (Montgomery County)
Number and street City State Zip County

(b) c/o: _____
Name of Commercial Registered Office Provider County

4. Check, and if appropriate complete, one of the following:

☒ The amendment adopted by the limited partnership/limited liability company, set forth in full, is as follows:

The name is changed to "Serrala Services US, LLC"

☐ The amendment adopted by the limited partnership/limited liability company is set forth in full in Exhibit A attached hereto and made a part hereof.

5. Effective date of amendment (check, and if appropriate complete, one of the following):

☒ The amendment shall be effective upon filing this Certificate of Amendment in the Department of State.

☐ The amendment shall be effective on: _____ at _____
Date (MM/DD/YYYY) Hour (if any)

2018 JUN -5 AM 9: 12

PA. DEPT. OF STATE

DSCB:15-8622/8822-2

6. Check if the amendment restates the Certificate of Limited Partnership/Certificate of Organization:

- ☐ The restated Certificate of Limited Partnership/Certificate of Organization supersedes the original Certificate of Limited Partnership/Certificate of Organization and all previous amendments thereto.

IN TESTIMONY WHEREOF, the undersigned limited partnership/limited liability company has caused this Certificate of Amendment to be executed by a duly authorized person thereof this _____ 1st _____ day of _____, 2018.

e5 Solutions Group, LLC

Name of Limited Partnership/Limited Liability Company

Signature

Jaime Ryan, Managing Principal

Title

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10 JUL 25 AM 8:30
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TALLAHASSEE, FLORIDA