

M14000008188

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

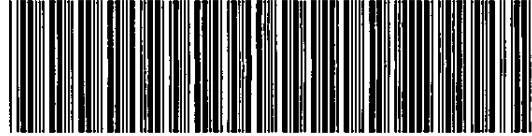
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/19/16--01004--008 **\$5.00

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2016 FEB 12 PM 5:09
SECRETARY OF STATE
TALLAHASSEE, FL 09101

K. SALY
EXAMINER
FEB 12



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 21, 2016

HARI K. SAMAROO, P.C.
HARI K. SAMAROO, ESQ.
350 5TH AVE, 41ST FL
NEW YORK, NY 10118

SUBJECT: METROPALAIS LLC
Ref. Number: M14000008188

We have received your document for METROPALAIS LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 416A00001336

HARI K. SAMAROO, P.C.
ATTORNEY AND COUNSELOR AT LAW
EMPIRE STATE BUILDING
350 FIFTH AVENUE, 41ST FLOOR
NEW YORK, NY 10118

TELECOPIER: (212) 947-6246

TELEPHONE: (212) 947-3333
E-MAIL: hari@hksamaroo.com

January 27, 2016

Florida Department of State
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, Florida CA 32314

Attn: Karen

Re: METROPALAIS LLC – M14000008188

Dear Karen,

We represent the above referenced client who is submitting the attached Amendment of Certificate of Authority to change its name to OWENSCORP USA LLC and principal address to 8 Crosby Street, New York, NY 10013.

As we discussed, here is the proper form to amend the name and address of a Foreign Limited Liability Company.

I am also enclosing the required certification of name change from New York State, the company's jurisdiction as well as a copy of the cancelled check for the originally submitted incorrect form.

Please call me at 203 561-6821 or email at kenny@hksamaroo.com with any questions that you may have.

Thank you.

Very truly yours,



Kenny Kalpershad

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: METROPALAIS 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:

HARI K. SAMAROO, ESQ.

Name of Person

HARI K. SAMAROO, P.C.

Firm/Company

350 5TH AVENUE, 41ST FLR

Address

NEW YORK, NY 10118

City/State and Zip Code

KENNY@HKSAMAROO.COM

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

For further information concerning this matter, please call:

KENNY KALIPERSHAD at (203) 561-6821

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

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: METROPALAIS LLC

Enter new principal office address, if applicable: 8 CROSBY STREET
NEW YORK, NY 10013
*(Principal office address
MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable: 8 CROSBY STREET
NEW YORK, NY 10013
*(Mailing address
MAY BE A POST OFFICE BOX)*

2. The Florida document number of this limited liability company is: M14000008188

3. Jurisdiction of its organization: NEW YORK

4. Date authorized to do business in Florida: 11/12/2014

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

5. New name of the limited liability company: OWENSCORP USA 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

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TALLAHASSEE, FLORIDA
SECONDARY REGISTRATION

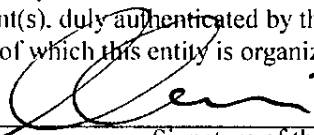
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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
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CLERK OF COURT
CLERK OF COURT

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

MAURIZIO AMERI

Typed or printed name of signee

Filing Fee: \$25.00

STATE OF NEW YORK
DEPARTMENT OF STATE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is a true copy of said original.



WITNESS my hand and official seal of the
Department of State, at the City of Albany,
on January 5, 2016.

Anthony Giardina

Anthony Giardina
Executive Deputy Secretary of State

160104000 435

New York State
Department of State
Division of Corporations, State Records
and Uniform Commercial Code
One Commerce Plaza, 99 Washington Avenue
Albany, NY 12231
www.dos.ny.gov

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2016 FEB 12 PM 5:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF AMENDMENT
OF
ARTICLES OF ORGANIZATION
OF

METROPALAIS LLC

(Insert Name of Domestic Limited Liability Company)

Under Section 211 of the Limited Liability Company Law

FIRST: The name of the limited liability company is:

METROPALAIS LLC

If the name of the limited liability company has been changed, the name under which it was organized is:

SECOND: The date of filing of the articles of organization is: JUNE 24, 2008

THIRD: The amendment effected by this certificate of amendment is as follows: (Set forth each amendment in a separate paragraph providing the subject matter and full text of each amended paragraph. For example, an amendment changing the name of the limited liability company would read as follows: Paragraph *First* of the Articles of Organization relating to *the limited liability company name* is hereby amended to read as follows: *First: The name of the limited liability company is ... (new name) ...*)

Paragraph First of the Articles of Organization relating to

the limited liability company name

is hereby amended to read as follows:

FIRST: The name of the limited liability company is OWENSCORP USA LLC

X Hari K. Samaroo
(Signature)
HARI K. SAMAROO, ESQ
(Type or print name)

Capacity of signer (Check appropriate box):

- ☐ Member
☐ Manager
☒ Authorized Person

435
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2016 FEB 12 PM 5:10
CLERK OF STATE
TALLAHASSEE, FL 32301

CERTIFICATE OF AMENDMENT
OF
ARTICLES OF ORGANIZATION
OF

METROPALAIS LLC

(Insert Name of Domestic Limited Liability Company)

Under Section 211 of the Limited Liability Company Law

DRAWDOWN
DELANEY #30

Filed by: HARI K. SAMAROO, PC
(Name)
350 FIFTH AVENUE 41ST FLOOR
(Mailing address)
NEW YORK NY 10118
(City, State and Zip code)

1 CC
STATE OF NEW YORK
DEPARTMENT OF STATE

FILED JAN 04 2016

TAX \$ _____
BY: KA

NOTE: This form was prepared by the New York State Department of State for filing a certificate of amendment of a domestic limited liability company. It does not contain all optional provisions under the law. You are not required to use this form. You may draft your own form or use forms available at legal supply stores. The Department of State recommends that legal documents be prepared under the guidance of an attorney. The certificate must be submitted with a \$60 filing fee made payable to the Department of State.

(For office use only.)

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2016 JAN -4 AM 10:04

2016 JAN -4 PM 12:32
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