

m16000000535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entry Name)

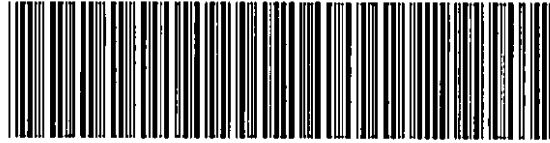
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000429843690

FILED RECEIVED  
2024 MAY 24 AM 9:57/24 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Amend/Name Change*

MAY 28 2024

D CUSHING

# CORPORATE ACCESS, INC.

*When you need ACCESS to the world*

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## WALK IN

PICK UP: BROOK 5/23

CERTIFIED COPY \_\_\_\_\_

XX PHOTOCOPY \_\_\_\_\_

GS \_\_\_\_\_

XX FILING FOREIGN LLC AMEND

1. STRATEGIC EQUIPMENT, LLC  
(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

File 2nd

FILED  
2024 MAY 24 AM 9:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SPECIAL INSTRUCTIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# 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: STRATEGIC EQUIPMENT, 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: M16000000535

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 01/20/2016

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

5. New name of the limited liability company: TriMark 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

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>
Executive	Karen McCain	9 Hampshire St.	<input type="checkbox"/> Add
		Mansfield, MA 02048	<input checked="" type="checkbox"/> Remove
President	Thomas Wienclaw	9 Hampshire St.	<input checked="" type="checkbox"/> Add
		Mansfield, MA 02048	<input type="checkbox"/> Remove
Treasurer	Michael Moore	9 Hampshire St.	<input checked="" type="checkbox"/> Add
		Mansfield, MA 02048	<input type="checkbox"/> Remove
Secretary	Michael Passanisi	9 Hampshire St.	<input checked="" type="checkbox"/> Add
		Mansfield, MA 02048	<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.

*Michael Passanisi*

0050C708F2F14AC

Signature of the authorized representative

Michael Passanisi

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 MERGER, WHICH MERGES:

"TRIMARK USA, LLC", A DELAWARE LIMITED LIABILITY COMPANY,  
WITH AND INTO "STRATEGIC EQUIPMENT, LLC" UNDER THE NAME OF  
"TRIMARK USA, LLC", A LIMITED LIABILITY COMPANY ORGANIZED AND  
EXISTING UNDER THE LAWS OF THE STATE OF DELAWARE, AS RECEIVED  
AND FILED IN THIS OFFICE ON THE THIRTIETH DAY OF APRIL, A.D.  
2024, AT 8:03 O`CLOCK A.M.



  
Jeffrey W. Bullock, Secretary of State

CERTIFICATE OF MERGER

OF

TRIMARK USA, LLC  
(a Delaware limited liability company)

WITH AND INTO

STRATEGIC EQUIPMENT, LLC  
(a Delaware limited liability company)

Pursuant to Section 18-209 of the Delaware Limited Liability Company Act (the "DLLCA"), Strategic Equipment, LLC, a Delaware limited liability company (the "Company"), hereby certifies as follows:

FIRST: The name and state of organization of each of the constituent companies to the merger (the "Constituent Companies") are as follows:

<u>Name</u>	<u>State of Organization</u>
Strategic Equipment, LLC	Delaware
TriMark USA, LLC	Delaware

SECOND: An Agreement and Plan of Merger (the "Merger Agreement") has been approved, adopted, certified, executed and acknowledged by each of the Constituent Companies.

THIRD: The Company shall be the surviving limited liability company of the merger (the "Surviving Company") and pursuant to the amendment contained in Article FIFTH hereto, the name of the Surviving Company shall be "TriMark USA, LLC".

FOURTH: The Certificate of Formation of the Company shall be the Certificate of Formation of the Surviving Company.

FIFTH: The Certificate of Formation of the Company is hereby amended by changing Section 1 thereof so that, as amended, said Section 1 shall be and read as follows:

1. The name of the limited liability company is TriMark USA, LLC.

SIXTH: The executed Merger Agreement is on file at the office of the Surviving Company, located at 9 Hampshire Street, Mansfield, Massachusetts 02048, United States.


SEVENTH: A copy of the Merger Agreement will be furnished by the Surviving Company, on request and without cost, to any member of either Constituent Company.

EIGHTH: This Certificate of Merger, and the merger provided for herein, shall become effective on April 30, 2024.

*(signature page follows)*

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Merger.

**STRATEGIC EQUIPMENT, LLC**

By:  2F2A825C68E4482.  
Name: Michael Passanisi  
Title: Secretary