Page 2 of 6 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 | Fax Number : (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:\_\_\_

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN UNIMIN LIME LLC



Electronic Filing Menu

Corporate Filing Menu

Help

J. J. EGGETT JUN 1 3 2018

# 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: Unimin Lime LLC	
Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	 <u></u>
	<b>•</b> ⊃
Enter new mailing address, if applicable:  (Mailing address)	<del></del> <del></del>
MAY BE A POST OFFICE BOX	<u>့</u> ပ
	T.
2. The Florida document number of this limited liability company is: M16000001334	
	<b></b>
4. Date authorized to do business in Florida: 2/16/2016	
SECTION II (5-9 complete only the applicable changes)	
Covia Lime LLC	. C "\
5. New name of the limited hability company: (must contain "Limited Liability Company, ""L.L.C.," or "Ll	(X), j
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attempt of the written consent of the managers or managing members adopting the alternate name. The alternate must contain "Limited Liability Company." "L.L.C." or "LLC.")	tach a ite name
6. If amending the registered agent and/or registered officer address on our records, enter the name of the negistered agent and/or the new registered office address here:	<u>¢</u> w
Name of New Registered Agent:	
New Registered Office Address: Enter Florida Street Address	
·	
City , Florida, Florida	?
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 co the provisions of all statutes relative to the proper and complete performance of my duties, and I am famili and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if the document is being filed to merely reflect a change in the registered office address. I hereby confirm that the liability company has been notified in writing of this change.	is
If Changing Registered Agent, Signature of New Registered	Agent

3

If the amendment cl	nanges person, title or capacity in accordance	ce with 605.0902 (1)(e), indica	ate that change:
e/ Capacity	Name.	Address	Type of Action
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aforementioned at	inicate, if required: no more than 90 days of mendment(s), duly authenticated by the of the law of which this entity is organized.	ficial having custody of recor	ds in the
	Signature of the au	horized representative	



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 'UNIMIN LIME LLC', CHANGING ITS NAME FROM "UNIMIN LIME LLC" TO "COVIA LIME LLC", FILED IN THIS OFFICE ON THE ELEVENTH DAY OF JUNE, A.D. 2018, AT 9:24 O'CLOCK A.M.



Authentication: 202864229

Date: 06-12-18

State of Delaware Secretary of State Division of Corporations Delivered 09:24 AM 06/11/2018 FILED 09:24 AM 06/11/2018 SR 20185066118 File Number 3445621

## STATE OF DELAWARE CERTIFICATE OF AMENDMENT

·		,					
The Certificate as follows:	e of Forn	nation of t	he limited	liability c	ompany i	s hereby a	men
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クヤ	WHER		Jine By:	Eu Ai	N S athorized	A.D. <u>20</u> Person(s)	