M18000000310

(Req	uestor's Name)	
(Addı	ess)	
(Addı	ess)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	me)
(Doce	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	
Wn	211/2	

Office Use Only



200424899532

COVER LETTER

то:	Registra Division		Section Corporations						
SUBJE	ECT: Zo	diac	Pool Solutions LLC						
			Name of Fore	ign L	imited.	l Liabi	lity Cor	npan	y
Dear Si	ir or Mad	am:							
The en	closed ap	plic	ation, certificate and fee(s	s) are	: subm	itted f	or filing	,.	
Please	return all	cor	respondence concerning t	this n	natter t	o the	followin	ıg:	
Nathan	Beaudry								
			Name of Person						
Babst C	Calland								
			Firm/Company						
603 Sta	nwix Stree	t							
			Address						
Pittsbur	gh, Pennsy	dvai	nia 15222					•	
			City/State and Zip Co	de					
	ry@babstc								
E-ma	ail addres	s: (1	o be used for future annu	al rep	port no	tificat	ion)		
For fur	ther infor	mat	ion concerning this matte	er, ple	ease ca	11:			
Nathan	Beaudry			at			480-24	192	
	ì	Van	ne of Person			Code	& Dayti	ime T	elephone Number
	Division P.O. Bo	itioi i of x 6:	Section Corporations				Divisio The Ce 2415 N	ation n of 0 ntre 0 . Moi	E Section Corporations of Tallahassee nroe Street, Suite 810 FL 32303
■ \$25 1			a check for the followin ☐ \$30 Filing Fee & Certificate of Status		\$55 F	iling I fied C			860 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 1 (1-4 must be completed)

1. Name of limited liability Company as it appears	s on the records of the Florida	Department of
State: Zodiac Pool Solutions LLC		
Enter new principal office address, if applicable:		
(<u>Principal office address</u> MUST BE A STREET ADDRESS)		- 1
		:
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
2. The Florida document number of this limited lia	ability company is: M1800000	2310
Jurisdiction of its organization: Dealaware		
4. Date authorized to do business in Florida: Marc		
SECTION II (5-9 complete only the applicable (changes)	
5. New name of the limited liability company: FI	uidra North America LLC	
(mus	t contain "Limited Liability Co	ompany, ""L.L.C.," or "LI.C.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or marmust contain "Limited Liability Company," "L.L.C	naging members adopting the	business in Florida and attach a alternate name. The alternate name
6. If amending the registered agent and/or registere registered agent and/or the new registered office ac	ed officer address on our recor ddress here:	ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flori	da Street Address
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agenthe provisions of all statutes relative to the proper and accept the obligations of my position as regist document is being filed to merely reflect a change liability company has been notified in writing of the	egistered Agent: nt and agree to act in this cape and complete performance of ered agent as provided for in t in the registered office addres	acity. I further agree to comply with my duties, and I am familiar with Chapter 605, F.S. Or, if this

8. If the amendment changes person, title or capacity in accordance with 605,0902 (1)(e), indicate that change:					
Title/ Capacity	<u>Name</u>	Address	Type of I		
			□		
			DI		
			ĻJ		
			_		
			(]I		
			□		

Typed or printed name of signee

David D. McKenery, Jr.

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "FLUIDRA NORTH AMERICA LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF FEBRUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 202897915

Date: 02-27-24

6187901 8300 SR# 20240727448 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 "ZODIAC POOL SOLUTIONS LLC", CHANGING ITS NAME FROM "ZODIAC POOL SOLUTIONS LLC" TO "FLUIDRA NORTH AMERICA LLC", FILED IN THIS OFFICE ON THE TWENTY-SEVENTH DAY OF DECEMBER, A.D. 2023, AT 10:28 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF
THE AFORESAID CERTIFICATE OF AMENDMENT IS THE FIRST DAY OF
JANUARY, A.D. 2024 AT 12:01 O'CLOCK A.M.

Authentication: 202526215

Date: 01-04-24

6187901 8100 SR# 20234349066



STATE OF DELAWARE CERTIFICATE OF AMENDMENT

- 1. The name of the Limited Liability Company is Zodiac Pool Solutions LLC
- 2. The Certificate of Formation of the limited liability company is hereby amended as follows:

First: The name of the limited liability company is Fluidra North America LLC

3. The Certificate of Amendment is to become effective on January 1, 2024 at 12:01 am.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 22nd day of December, A.D. 2023.

By: WM 79 Authorized Person

Name: <u>David D. McKenery</u>, <u>Jr.</u> Print or Type