Divisionoft

## **Division of Corporations** Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850) 617-6383

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Account Name : C T CORPORATION SYSTEM

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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.\*\*

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NLP WAYFAIR BTS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
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Electronic Filing Menu Corporate Filing Menu

Help

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JAH 1 5 2020

#### 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 Departn	nent of
State: NLP Wayfair BTS, 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: M19000009192	
3. Jurisdiction of its organization: Delaware	202
3. Jurisdiction of its organization: Delaware  4. Date authorized to do business in Florida: 9/23/2019  SECTION II (5-9 complete only the applicable changes)	
SECTION II (5-9 complete only the applicable changes)	
5. New name of the limited liability company: Cecil Distribution Center, LLC (must contain "Limited Liability Company,	"LL.C.," or "LLG.")
(If name unavailable, enter alternate name adopted for the purpose of transacting busines copy of the written consent of the managers or managing members adopting the alternate must contain "Limited Liability Company," "L.L.C." or "LLC.")	s in Florida and attach a name. The alternate name
6. If amending the registered agent and/or registered officer address on our records, enter registered agent and/or the new registered office address here:	the name of the new
Name of New Registered Agent:	
New Registered Office Address:	<del></del>
Enter Florida Stree	
, Fi	orida <u>Zip Code</u>
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree to act in this capacity. If the provisions of all statutes relative to the proper and complete performance of my dutie and accept the obligations of my position as registered agent as provided for in Chapter document is being filed to merely reflect a change in the registered office address, I herei liability company has been notified in writing of this change.	urther agree to comply with s, and I am familiar with 605 F.S. Or if this

. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:				
tle/ Capacity	Name	Address	Type of Actio	
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aforementioned am	he law of which this entity is organi	he official having custody of records zed.	Remov	
	Signature of the	ne authorized representative		

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 THAT THE SAID 'NLP WAYFAIR BTS,

LLC', FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO

\*CECIL DISTRIBUTION CENTER, LLC' ON THE THIRTEENTH DAY OF

JANUARY, A.D. 2020, AT 6:40 O'CLOCK P.M.



Authentication: 202183080

Date: 01-14-20