## M20000008129

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City, Catter 2, p. , Hello 1, )
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

FHORE: 030-330-1300						
ACCOUNT NO. : I2000000195						
REFERENCE : 739117 7143909						
AUTHORIZATION GULLE O MA						
COST LIMIT (: \$ \$ 25.00						
ORDER DATE: March 31, 2021						
ORDER TIME : 9:21 AM						
ORDER NO. : 739117-005						
CUSTOMER NO: 7143909						
FOREIGN FILINGS						
NAME: ROPER US FINANCE II LLC						
CORPORATE LIMITED PARTNERSHIP XX LIMITED LIABILITY COMPANY						
XXXX AMENDMENT						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING						
CONTACT PERSON: Alexxis Weiland EXT# 61592						

EXAMINER:

## **COVER LETTER**

то:			Section Corporations			
SUBJ	ECT:	ROPE	R US FINANCE II LLC			
			Name of Foreig	gn Limited Lia	ability Co	mpany
Dear S	Sir or N	/ladam:				
The er	nclosed	lapplic	ation, certificate and fee(s)	are submitted	l for filin	ន្ត.
Please	return	all cor	respondence concerning th	is matter to th	ie followi	ng:
			Name of Person			
			Firm/Company		_	
			Address		_	
			City/State and Zip Cod	e		
E-m	nail add	lress: (	o be used for future annua	l report notific	eation)	
For fu	rther in	ıformat	ion concerning this matter.	. please call:		
				_ at (	)	
		Nan	ne of Person	Area Coo	łe & Day	time Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				Division The Control 2415 N	address: ration Section on of Corporations entre of Tallahassee J. Monroe Street, Suite 810 assee, FL 32303	
			a check for the following			
□\$25	Filing	Fee	☐ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Certified	_	☐ \$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**

2021 AFR -2 AH 10: 01 SECTION I (1-4 must be completed)

Name of limited liability Company as it appear	s on the records of the Florida Departi	pent of -
State: ROPER US FINANCE II LLC		
Enter new principal office address, if applicable:		
( <u>Principal office address</u> MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: ( <u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u> )		
2. The Florida document number of this limited lia	bility company is: M20000008129	~
3. Jurisdiction of its organization: Delaware		
4. Date authorized to do business in Florida: 9/17	/2020	
SECTION II (5-9 complete only the applicable of the limited liability company:	oper Operations Company II. LLC	
(mus	contain "Limited Liability Company.	. " "L.L.C.," or "LLC.")
(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 alternate	
6. If amending the registered agent and/or registere registered agent and/or the new registered office ac	d officer address on our records, <u>ente</u> <u>ldress here:</u>	r the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida Stree	t Address
		lorida
<del></del>	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 the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:						
itle/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action			
	-		□Remo			
			\\ \_\_Add			
			□Remo			
	_		□Remo			
			\Add			
	_	<u> </u>	□Remo			
			\Add			
aforementioned am	icate, if required: no more than 90 days endment(s), duly authenticated by the ohe law of which this entity is organized.  Signature of the authenticated by the organized.	fficial having custody of recor	□Remo			

Filing Fee: \$25.00



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

DELAWARE, DO HEREBY CERTIFY THAT "ROPER OPERATIONS COMPANY II, LLC"

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

GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED

OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY

AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE THIRTEENTH DAY OF JULY,

A.D. 2020, AT 12:53 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "ROPER US FINANCE II LLC" TO "ROPER ACQUISITION COMPANY, LLC", FILED THE THIRTIETH DAY OF MARCH, A.D. 2021, AT 9:25 O'CLOCK A.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "ROPER ACQUISITION COMPANY, LLC" TO "ROPER OPERATIONS COMPANY II, LLC", FILED THE THIRTY-FIRST DAY OF MARCH, A.D. 2021, AT 8:24 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE



Authentication: 202876213

Date: 04-01-21

Page 2



AFORESAID LIMITED LIABILITY COMPANY, "ROPER OPERATIONS COMPANY II, LLC".

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



Authentication: 202876213

Date: 04-01-21