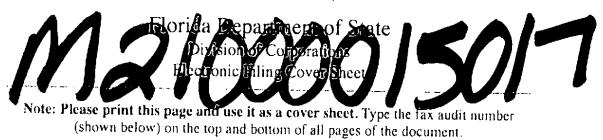
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TRANSCORE HOLDINGS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu Help

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 Con	npany as it appea	rs on the records of	the Florida Department	of	
State: TRANSCORE HOLDIN					
Enter new principal office addres	s, if applicable:				_
(<u>Principal office address</u> MUST BE A STREET ADDRES	<u>SS</u>)				-
Enter new mailing address, if app (<u>Mailing address</u> MAY BE A POST OFFICE BO)					- -
2. The Florida document number	of this limited liz	ability company is:			-
3. Jurisdiction of its organization	; <u> </u>		· · · · · · · · · · · · · · · · · · ·		_
4. Date authorized to do business					_
SECTION II (5-9 complete only					
5. New name of the limited liabil	ity company: He (mus	eartland Holdeo, LL t contain "Limited	C Liability Company, ""L	L.C.," or "LLC.	<u></u>
If name unavailable, enter alternations of the written consent of the nust contain "Limited Liability C	managers or mai	naging members at	transacting business in I lopting the alternate nam	Florida and attach ic. The alternate n	name
. If amending the registered agen egistered agent and/or the new re	gistered office ac	idress here:			2024 FEB
Name of New Registered Agent:	United Agent Gr	oup Inc.		<u> </u>	-7
New Registered Office Address:	801 US Highway	• 1			圣口
		th Palm Beach	Enter Florida Street Add , Florid	33408 11 C	9.0
		City		Zip Con	<u> </u>
lew Registered Agent's Signature hereby accept the appointment a he provisions of all statutes relating accept the obligations of my procument is being filed to merely ability company has been notified.	s registered agen ive to the proper i position as registe reflect a change i	nt and agree to act and complete perfo ered agent as provi in the registered of is change./	rmance of my duties, an ded for in Chapter 605,	d I am familiar w. F.S. Or, if this nfirm that the lim	rith
		こんでんとんご	- risma myres, apecial a	CCI CIBI Y	

If Changing Registered Agent, Signature of New Registered Agent

If the amendment changes person, title or capacity in accordance with 605,0902 (1)(e), indicate that change:							
itle/ Capacity	Name	Address	Type of Action				
	-		□Add				
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aforementioned amo	ne law of which this entity is organ	the official having custody of records in the	□Remov				

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 AMENDMENT OF "TRANSCORE HOLDINGS, LLC", CHANGING ITS NAME FROM "TRANSCORE HOLDINGS, LLC" TO "HEARTLAND HOLDCO, LLC", FILED IN THIS OFFICE ON THE TWENTY-FOURTH DAY OF FEBRUARY, A.D. 2023, AT 8 O'CLOCK A.M.



Authentication: 202761683

Date: 02-07-24

STATE OF DELAWARE CERTIFICATE OF AMENDMENT OF CERTIFICATE OF FORMATION OF LIMITED LIABILITY COMPANY

- 1. The name of the limited liability company is Transcore Holdings, LLC (the "Company").
- 2. The Certificate of Formation of the limited liability company is hereby amended as follows:

Article 1 of the Company's Certificate of Formation is hereby amended to read in its entirety as set forth below:

- 1. The name of the limited liability company is Heartland Holdco, LLC.
- 3. This Amendment is effective as of the date of filing.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 23th day of February, 2023.

By: Authorized Person

Name: John K. Stipancich