From: Kaity Toon

12/17/21, 12:46 PM

# da Department of State Division of Corporations

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name ; C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ECOLAB U.S. 8 LLC

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### From: Kaity Toon

## 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)

Name of limited liability Company as it appears on the records of the Florida Department of
State: Ecolab U.S. 8 LLC
nier new principal office address, if applicable:
Principal office address IUST BE A STREET ADDRESS
nter new mailing address, if applicable:  Mailing address
Mailing address  IAY BE A POST OFFICE BOX)
. The Florida document number of this limited liability company is: M21000015185
Date authorized to do business in Florida: November 12, 2021
ECTION II (5-9 complete only the applicable changes)  Purolite LLC  (must contain "Limited Liability Company." "L.L.C" or "L.L.C.")
(must contain "Limited Liability Company, ""L.L.C.," or "LLC.")
f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name to the contain "Limited Liability Company," "L.L.C." or "LLC.")
. If amending the registered agent and/or registered officer address on our records, enter the name of the new egistered agent and/or the new registered office address here;
ame of New Registered Agent:
ew Registered Office Address:  Enter Florida Street Address
, Florida
City Zip Code
icw Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply wit he provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with nd accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this ocument is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited ability company has been notified in writing of this change.
If Changing Registered Agent, Signature of New Registered Agent

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:					
itle/ Capacity	<u>Name</u>	Address	Type of Action		
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			Remove		
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	and and the second time that the second time to the second time time to the second time time time time time time time time		□∧dd		
aforementioned arr	he law of which this entity is organi	he official having custody of records in the zed.	□Remove		
	David F. Da	wick le authorized representative			
	David F. Duvick				



Page 1

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

DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'ECOLAB U.S. 8 LLC',

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

LLC' ON THE FIRST DAY OF DECEMBER, A.D. 2021, AT 10:55 O'CLOCK

A.M.



Authentication: 204846966

Date: 12-02-21