

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certificates of Status
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2024-00T-9 /·· a: 23

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 673725 8017369

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: October 3, 2024

ORDER TIME : 9:42 AM

ORDER NO. : 673725-015

CUSTOMER NO: 8017369

FOREIGN FILINGS

NAME: HITACHI ZOSEN INOVA U.S.A. 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: Amanda Miller -- EXT#

EXAMINER: _____

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	s on the records of the Florida	Department of	
State: Hitachi Zosen Inova U.S.A. LLC			
Enter new principal office address, if applicable:			
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)			
Enter new mailing address, if applicable:		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
(Mailing address MAY BE A POST OFFICE BOX)		2024 ₁ 0CT ₁ 9	
2. The Florida document number of this limited lial	bility company is: M2200000		
Jurisdiction of its organization: Delaware		्री 	•
4. Date authorized to do business in Florida: 02/10	0/2022		
SECTION II (5-9 complete only the applicable o	changes)	88	
New name of the limited liability company: Ka (must	anadevia Inova U.S.A. LLC contain "Limited Liability Co	ompany, ""L.lC.," or "LLC.")	
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must 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 ad	d officer address on our record	ds, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flori	da Street Address	
	City	, Florida	
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agen the provisions of all statutes relative to the proper and accept the obligations of my position as registe document is being filed to merely reflect a change to liability company has been notified in writing of the	it and agree to act in this cape and complete performance of ered agent as provided for in (in the registered office addres.	my duties, and I am familiar with Chapter 605, F.S. Or, if this	1

3. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:					
tle/ Capacity	<u>Name</u>	Address	Type of Action		
		<u> </u>	□Add		
			🗀 Remo		
			□Remo		
			□Add		
			\(\sigma\) Remo		
			□Remo		
			□Add		
aforementioned an	he law of which this entity is organ	the official having custody of record	Remo		

Filing Fec: \$25.00

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<u>Delaware</u>

The First State

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

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "HITACHI ZOSEN INOVA

U.S.A. LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME

TO "KANADEVIA INOVA U.S.A. LLC" ON THE SIXTEENTH DAY OF

SEPTEMBER, A.D. 2024, AT 8:05 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE FIRST DAY OF OCTOBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED
LIABILITY COMPANY 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.



Authentication: 204544186

Date: 10-03-24