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To:

Division of Corporations Fax Number : (850)617-6383

From:

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

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FILTRATION GROUP LLC

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T. LEMIEUX DEC 14 2023

1/1

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

## SECTION 1 (1-4 must be completed)

| 1. Name of limited liability Company as it appears on the records of the Florida Department of   |                 |
|--|-----------------|
| State: Filtration Group LLC  | _               |
| Enter new principal office address, if applicable:   | _               |
| (Principal office address MUST BE A STREET ADDRESS)  | —<br>—          |
| Enter new mailing address, if applicable:  (Mailing address  MAY BE A POST OFFICE BOX)   | <del></del>     |
| 2. The Florida document number of this limited liability company is: M23000013077  | _               |
| 3. Jurisdiction of its organization: Delaware  |                 |
| 4. Date authorized to do business in Florida: 10/10/2023   | <del></del>     |
| SECTION II (5-9 complete only the applicable changes)  |                 |
| 5. New name of the limited liability company:(must contain "Limited Liability Company, " "L.L.C.," or "LI.   | .C.")           |
| (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and atta copy of the written consent of the managers or managing members adopting the alternate name. The alternat must contain "Limited Liability Company," "L.L.C." or "LLC.")   | ich a<br>e name |
| 6. If amending the registered agent and/or registered officer address on our records, enter the name of the ne registered agent and/or the new registered office address here:   | <u>W</u>        |
| Name of New Registered Agent:  |                 |
| New Registered Office Address:  Enter Florida Street Address   | <del></del>     |
| . Florida  |                 |
| City Zip Code  | <u>15</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. I further agree to compthe provisions of all statutes relative to the proper and complete performance of my duties, and I am familia 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 liability company has been notified in writing of this change. | r with          |

| <u>Title</u>                               | Name                                    | Address                     | Type of Action |
|--|---|-----------------------------|----------------|
| Branch Manager,<br>Miami FGIAQ<br>HVAC USA | Brian Schmidt                           | 14802 NW 107th Ave Suite #4 | <b>≅</b> Add   |
| nvac osa                                   |   | Hialeah Gardens, FL 33018   | □Remov<br>e    |
|  |   |                             | □Add           |
|  |   |                             | □Remov<br>e    |
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|  | *************************************** |                             |                |
|  |   |                             |                |
|  |   |                             | <del></del>    |

| 8. If the amend | ment changes person, title or capac   | ity in accordance with 605.0902 (1)(e), indicate the  | at change: |
|-----------------|---|---|------------|
| Title/ Capacity | Name  | Address   | Type of A  |
| MGR             | BAWCOM, JANET M   | 9442 CAPITAL OF TEXAS HWY N.                          |            |
|                 |   | PLZ.1 STE 390, AUSTIN, TX 78759                       | <b>≡</b> R |
| HVAC USA        | Jodi Tate   | 1 Tower Lane Suite 900                                | = <i>A</i> |
|                 |   | Oakbrook Terrace, IL 60181                            | □R         |
| Treasurer       | Bernadette Labis  | 1 Tower Lane Suite 900                                | <b>=</b> A |
|                 |   | Oakbrook Terrace, IL 60181                            | □R         |
| Tax Director    | Kim Talianko  | 1 Tower Lane Suite 900                                | <b>=</b> A |
|                 |   | Oakbrook Terrace, IL 60181                            |            |
| Secretary       | Alex Burt   | 1 Tower Lane Suite 900                                | <b>=</b> A |
|                 |   | Oakbrook Terrace, IL 60181                            | □R         |
| aforemention    | certificate, if required: no more the<br>ned amendment(s), duly authentica<br>ander the law of which this entity is | ated by the official having custody of records in the | 10         |
|                 | /s/ Tiffany Meeker  | ure of the authorized representative                  |            |