# Paa05a

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #	<i>(</i> )
PICK-UP WAIT	MAIL
(Business Entity Name	)
(Document Number)	
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195			
REFERENCE : 404454 4723762			
AUTHORIZATION : Squelle le man	,	<b>L</b> 2	
COST LIMIT : \$ 35.00		0.827	ئے ۔ ، -
ORDER DATE : August 27, 2020  ORDER TIME : 9:59 AM		<u> </u>	- 
ORDER NO. : 404454-175		٠Ŋ	5 <sup>6</sup>
CUSTOMER NO: 4723762			
FOREIGN FILINGS  NAME: PRAXAIR, INC.		\0.00 \0.00	. <b>T</b>
XX CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY  XXXX AMENDMENT	The state of the s	SEP -1 PM 2: 02	このと思
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:		92	
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING			
CONTACT PERSON: Amanda Robinson EXT# 62968			

EXAMINER:

#### COVER LETTER

TO: Amendm	ent Section Division of Corporati	ons	
<sub>SUBJECT:</sub> Pra	xair, Inc.		
	Nam	e of Corporation	
DOCUMENT NU	JMBER: P22052		
The enclosed Ame	endment and fee are submitted for	r filing.	
Please return all co	orrespondence concerning this ma	atter to the following:	
	Name of Contact Person		
	Firm/Company		
	Address		
	City/State and Zip Code		
	ess: (to be used for future annual r	•	
FOR lurther informs	ation concerning this matter, plea	se can;	
Name	e of Contact Person	at ()	Telephone Number
Enclosed is a check	k for the following amount:		
3\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy	☐ \$52.50 Filing Fee. Certificate of Status & Certified Copy

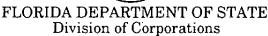
#### Mailing Address:

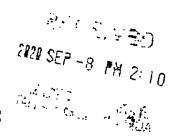
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303







September 2, 2020

CORPORATION SERVICE COMPANY

SUBJECT: PRAXAIR, INC. Ref. Number: P22052

Please give original submission date as file date.

We have received your document for PRAXAIR, INC. and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

Please correct number 4 to include the date of the name change.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 820A00016848

### PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

#### SECTION I (1-3 MUST BE COMPLETED)

P2205	52		رت دریا
	(Document number of corporatio	n (if known)	1
Praxair, Inc.			至 。
(Name of corp	poration as it appears on the records	of the Department of State)	. ب
2. Delaware	<sub>3.</sub> 12/0	9/1988	<u> </u>
(Incorporated under lav	ws of)	(Date authorized to do business in F	lorida)
	SECTION II OMPLETE ONLY THE APPLIC		
4. If the amendment changes the name of the cincorporation? 09/01/2020	corporation, when was the change e	ffected under the laws of its jurisdictic	on of
<sub>5</sub> Linde Inc.			
(Name of corporation after the amendment, not contained in new name of the corporation (If new name is unavailable in Florida, enter 6. If the amendment changes the period of	on) r alternate corporate name adopted	for the purpose of transacting business	
<del></del>	(New duration)		
7. If the amendment changes the jurisdict	ion of incorporation, indicate new j	urisdiction.	
	(New jurisdiction)		
8. If the amendment changes the jurisdiction of	of organization, indicate new jurisd	iction:	
9. If the amendment changes person, title or ca	pacity in accordance with 607.1504	(4), indicate that change:	

Title/ Capacity	<u>Name</u>		Address	Type of Action
				□Add
				□Remove
		·		DAdd
				□Remove
				□Add
				□Remove
				□Add
				□Remove
				□Remove
10. Attached is a confidence of the application under the laws of	ertificate or document of simila on to the Department of State, by of which it is incorporated.	import, evid the Secretar	dencing the amendment, authenticated n y of State or other official having custody	not more than 90 days prior to delivery of corporate records in the jurisdiction
	2.3			
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)				
Anthony M. I	Pepper 09/01/2020		Assistant Secre	tary

FILING FEE \$35.00

(Title of person signing)

(Typed or printed name of person signing)

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "PRAXAIR, INC.", FILED

A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "LINDE INC." ON

THE FIRST DAY OF SEPTEMBER, A.D. 2020, AT 11:16 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE

EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE

RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT

BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LINDE INC."

WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF OCTOBER, A.D. 1988.



Authentication: 203577787 Date: 09-01-20

2176449 8320 SR# 20207059118