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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

\*\*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 SIEMENS PARCEL LOGISTICS LLC

Certificate of Status	0
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T. LEMIEUX

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Help JUL 15 2022

## 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 Company as it appears	s on the records of the Florida Department of
State: SIEMENS PARCEL LOGISTICS 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)	
2. The Florida document number of this limited lia	bility company is:
<ol> <li>Date authorized to do business in Florida: 01/13</li> </ol>	3/2022
SECTION II (5-9 complete only the applicable of	changes)
	ORBER SUPPLY CHAIN LLC contain "Limited Liability Company, " "L.L.C.," or "LLC.")
	for the purpose of transacting business in Florida and attach a naging members adopting the alternate name. The alternate name "LLC.")
6. If amending the registered agent and/or registered registered agent and/or the new registered office ac	ed officer address on our records, enter the name of the new Idress here:
Name of New Registered Agent:	
New Registered Office Address:	537
	Enter Florida Street Address
<del></del>	City Florida Zip Code
	0.5
the provisions of all statutes relative to the proper and accept the obligations of my position as registe	at and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with ered agent as provided for in Chapter 605, F.S. Or, if this in the registered office address, I hereby confirm that the limited
IfC	hanging Registered Agent. Signature of New Registered Agent

itle/ Capacity	<u>Name</u>	Address	Type of Actio
			Okens
			□Add
			□Rem
			□Rem
			□Rem
aforementioned am	icate, if required: no more than 90 datendment(s), duly authenticated by the law of which this entity is organized.	e official having custody of reco	□Rem

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 THAT THE SAID 'SIEMENS PARCEL

LOGISTICS LLC', FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS

NAME TO 'KÖRBER SUPPLY CHAIN LLC' ON THE FIRST DAY OF JULY, A.D.

2022, AT 10:56 O'CLOCK A.M.

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: 203905759

Date: 07-13-22