,

11/1/22, 3:54 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220003738273)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet

To:						
	Division of Con	-				
	Fax Number	: (850)617-6383				
From:						
		: HAHN LOESER + PARK	KS LLP			
	Account Number					
		: (216)621-0150 : (216)241-2824				
an	the email addres inual report maili mail Address:	s for this business eings. Enter only one	entity to be u email address	please.**		2022 NON - 5
an Er	anual report maili mail Address: LC AMND/RES	s for this business e ings. Enter only one STATE/CORRECT NSON BLACKBUR	email address	please.**	· · · · · · · · · · · · · · · · · · ·	-2
an Er	anual report maili mail Address: LC AMND/RES	STATE/CORRECT	email address	please.**	· · · · · · · · · · · · · · · · · · ·	-2
an Er	anual report maili mail Address: LC AMND/RES BEN	Ings. Enter only one STATE/CORRECT NSON BLACKBUR Status	email address 'OR M/MG I RN, LLC	please.**	· · · · · · · · · · · · · · · · · · ·	-2
an Er	inual report maili mail Address: LC AMND/RES BEN Certificate of	Ings. Enter only one STATE/CORRECT NSON BLACKBUR Status	email address ' OR M/MG I RN, LLC 0	please.**	· · · · · · · · · · · · · · · · · · ·	122 NOV - 2 AM 11: 56

Electronic Filing Menu Corporate Filing Menu Help T. LEMIEUX NOV 0 2 2022

Page 3

(((H22000373827 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bensen Blackburn, LLC (<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on <u>12/23/2010</u> and assigned Florida document number <u>1.10000131829</u>

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MBSB Partners, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST RE A STREET ADDRESS)

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:		~			<u> </u>
New Registered Office Address:	Enter Florida street adoress	1			<u> </u>
	. Florid	_	2022	, , 1	
	City	<u>، </u>	Zip Code		
New Registered Agent's Signature, if changing	e Registered Apent:		\sim	, r	=

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this dozument is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

(((H22000373827 3)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
			🗆 Add
			🖸 Remove
			E Change
<u></u>			🖸 Add
			DRemove
			🗆 Change
		- <u></u>	🗆 Add
			🖸 Remove
		<u></u>	🖸 Change
			🗇 Add
			🖸 Remove
		,	Change
			🗆 Add
			ПКеточе
			🗇 Change
			🗆 Add
			(]Remove
			□ Change

(((H22000373827 3)))

-	
-	
-	
-	
-	
-	
-	
-	
-	
•	
-	
-	
-	
F Ffford	ive date, if other than the date of filing: (optional)
C, LICC	ive date, if other than the date of filing:(optional) Fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
(1) 803 61	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
Note:	It the date inserted in this block does not inter the apprendice statisticity thing require the
docun	ent's effective date on the Department of State's records.
16 10 1000	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
fi ine reco	
record is f	ied.

D.	If amending any other information, enter change(s) here:	(Attach additional sheets, if necessary.)
D.	II amending any other mior mation, once on Belly	

November 1 , 2022	
Signature of a member or authorized representative of a member	
Michael D. Benson, Manager	
-	Signature of a member or authorized representative of a member