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## FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

12/27/22

NAME: MSB GLOBAL SERVICES, LLC

TYPE OF FILING: APPLICATION

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

## 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)

2022 DEC 27 AH	iΩ:	21
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			• ,	
Name of limited liabilit	y Company as it appears	on the records	of the Florida Depa	irtment of Strong
State: MSB GLOBAL \$				
Enter new principal office	address, if applicable:			
(Principal office address	.,			
<u>MUST BE A STREET AD</u> Î	DDRESS)			
Enter new mailing address,	, if applicable:			
( <u>Mailing address</u> MAY BE A POST OFFIC	E ROX)			
	2 2011)			
			M10000003914	
2. The Florida document nu	umber of this limited liab	oility company	is:	
3. Jurisdiction of its organi	ization: Delaware			
4. Date authorized to do by		/2010		
 SECTION II (5-9 comple				
5. New name of the limited	d liability company: MS	B CBD Water I	LC	
	(must	contain "Limite	ed Liability Compa	ny, " "L.L.C.," or "LLC.")
(If name unavailable, enter	alternate name adopted	for the nurnose	of transacting busin	ness in Florida and attach a
copy of the written consent must contain "Limited Liab	of the managers or man	aging members	adopting the altern	ate name. The alternate name
	4	d = 66 = = = = d d== =		and the manner of the many
6. If amending the registere registered agent and/or the	new registered office ad	<u>dress here:</u>		er the hame of the new
Name of New Registered A	gent: Florida Filing & S	Search Services,	Inc.	
New Registered Office Add	155 Office Plaza			
		_	Enter Florida Str	eet Address
	Talla ———	hassee	<del></del>	Florida $\frac{32301}{700000000000000000000000000000000000$
		Ci	Į <b>y</b>	Zip Code
he provisions of all statute ind accept the obligations	ment as registered agen s relative to the proper a of my position as registe nerely reflect a change i	t and agree to a ind complete pe red agent as pr n the registered	rformance of my di ovided for in Chapt	I further agree to comply with ities, and I am familiar with er 605, F.S. Or, if this ereby confirm that the limited
		essie -	Hadee	
	If Ch	anging Registe	red Agent, Signatur	e of New Registered Agent

8. If the amendment c	hanges person, title or capacity in	accordance with 605.0902 (1)(e), indicate the	nat change:
Title/ Capacity	Name	Address	Type of
			□
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aforementioned am	icate, if required: no more than 9 cendment(s), duly authenticated b	by the official having custody of records in	
jurisdiction under t	he law of which this entity is org  Heather Howie  Signature o	f the authorized representative	
	Heather Howie	inted name of signce	

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "MSB GLOBAL SERVICES LLC", CHANGING ITS NAME FROM "MSB GLOBAL SERVICES LLC" TO "MSB CBD WATER LLC", FILED IN THIS OFFICE ON THE NINTH DAY OF DECEMBER, A.D. 2022, AT 1:39 O'CLOCK P.M.



Authentication: 205186021

4716806 8100 SR# 20224373230

Date: 12-27-22

State of Delaware
Secretary of State
Division of Corporations
Delivered 01:39 PM 12 09:2022
FILED 01:39 PM 12:09:2022
SR 20224225606 - File Number 4716806

## STATE OF DELAWARE CERTIFICATE OF AMENDMENT OF A LIMITED LIABILITY COMPANY

The limited liability company organized and existing under the Limited Liability Company Act of the State of Delaware hereby certifies as follows:

- 1. The name of the limited liability company is MSB Global Services LLC
- 2. The Certificate of Formation of the limited liability company is hereby amended as follows:

FIRST: The name of the limited liability company is MSB CBD Water LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on this 9<sup>th</sup> day of December 2022

By: Mark Blanchard

Mark Blanchard Authorized Person