

M14 00000 8358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

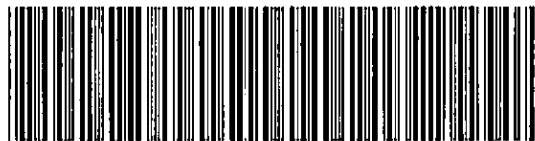
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J HORNE
OCT 19 2022

Office Use Only



900394054609

RECEIVED

2022 OCT 18 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2022 OCT 18 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 059554 7381795

AUTHORIZATION :



COST LIMIT : \$/25.00

ORDER DATE : October 18, 2022

ORDER TIME : 2:14 PM

ORDER NO. : 059554-095

CUSTOMER NO: 7381795

FOREIGN FILINGS

NAME: VERANO ACQUISITION LLC

____ CORPORATE
____ LIMITED PARTNERSHIP
XX _____ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Verano Acquisition LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sally Liu

Name of Person

Berkshire Residential Investments

Firm/Company

One Beacon Street, 24th Floor

Address

Boston, MA 02108

City/State and Zip Code

SLiu@berkshireresi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sally Liu

at (617) 566-8142

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

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

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|--|--|

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

FILED
2022 OCT 18 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FL

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: Verano Acquisition LLC

Enter new principal office address, if applicable: C/O Berkshire Residential Investments
One Beacon Street, 24th Floor
(Principal office address)
MUST BE A STREET ADDRESS
Boston, MA 02108

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

2. The Florida document number of this limited liability company is: M14000008358

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 11/19/2014

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 "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer 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: Corporation Service Company

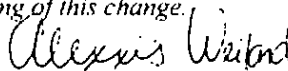
New Registered Office Address: 1201 Hays Street

Enter Florida Street Address

Tallahassee, Florida 32301
City Zip Code

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 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 document 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.

 Alexis Weibull, assistant vice president

If Changing Registered Agent, Signature of New Registered Agent

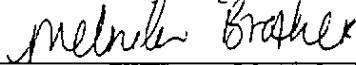
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Name of person and title has changed.

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Authorized Person	Mary Beth Bloom	One Beacon Street, 24th Floor	<input checked="" type="checkbox"/> Add
		Boston, MA 02108	<input type="checkbox"/> Remove
Authorized Person	Melinda Brothers	One Beacon Street, 24th Floor	<input checked="" type="checkbox"/> Add
		Boston, MA 02108	<input type="checkbox"/> Remove
Authorized Signatory	Julie Burdick	15771 Redhill Avenue, Suite 110	<input type="checkbox"/> Add
		Tustin, CA 92780	<input checked="" type="checkbox"/> Remove
Authorized Signatory	David Veneziano	15771 Redhill Avenue, Suite 110	<input type="checkbox"/> Add
		Tustin, CA 92780	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required; no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Melinda Brothers

Typed or printed name of signee

Filing Fee: \$25.00