

M18000010599

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

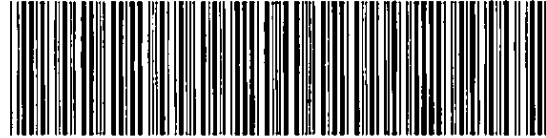
(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED

2022 APR -7 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2022 APR -7 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Anne

APR 12 2022

ALBRITTON



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 8, 2022

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

SUBJECT: HIGH ROLLER PRIVATE LABEL LLC
Ref. Number: M18000010599

We have received your document for HIGH ROLLER PRIVATE LABEL LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

Florida law requires any business entity serving in the capacity of a registered agent to have an active registration or filing on our records.

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: 722A00008175

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

RESUBMIT
Please give original
submission date as file date.

ACCOUNT NO. : I200000000195

REFERENCE : 601811 5017647

AUTHORIZATION :

COST LIMIT : \$25,000

Eyliena

ORDER DATE : April 7, 2022

ORDER TIME : 9:21 AM

ORDER NO. : 601811-010

CUSTOMER NO: 5017647

FOREIGN FILINGS

NAME: HIGH ROLLER PRIVATE LABEL LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

10



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 8, 2022

CORPORATION SERVICE COMPANY
1201 HAYS STREET
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Claretha Golden
Regulatory Specialist II

Letter Number: 722A00008175

2022 APR 11 PM 3:18

**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 on the records of the Florida Department of

State: High Roller Private Label LLC

Enter new principal office address, if applicable: _____

(Principal office address

MUST BE A STREET ADDRESS)

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: M18000010599

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 11/14/2018

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: Matthew Cohen

New Registered Office Address: 3406 SW 26th Terr C1-5

Enter Florida Street Address

Fort Lauderdale

Florida 33312

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.

DocuSigned by:

Matthew Cohen

X

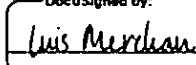
If Changing Registered Agent, Signature of New Registered Agent

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:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Shehzeen Mitha	4093 N. 28 Way	<input type="checkbox"/> Add
		Hollywood, FL 33020	<input checked="" type="checkbox"/> Remove
AMBR	ASH Group of Florida, Inc.	2342 Thomas Street	<input type="checkbox"/> Add
		Hollywood, FL 33020	<input checked="" type="checkbox"/> Remove
AMBR	Flora Growth U.S. Holding Corp.	198 Davenport Road	<input checked="" type="checkbox"/> Add
		Toronto, Ontario M5R 1J2, Canada	<input type="checkbox"/> Remove
MGR	Flora Growth U.S. Holding Corp.	198 Davenport Road	<input checked="" type="checkbox"/> Add
		Toronto, Ontario M5R 1J2, Canada	<input 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.

DocuSigned by:

 Signature of the authorized representative

Luis Merchan

 Typed or printed name of signee

Filing Fee: \$25.00