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Division of Corporations

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Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN UNILEVER TEA MSO USA LLC

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

SECTION	S I (1-4 must be completed)		ALLAHASSEE.
Name of limited liability Company as it appear State: UNILEVER TEA MSO USA LLC	s on the records of the Florid	a Department of	ASSEE,
Enter new principal office address, if applicable:	N/A		FLORID
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)			<u>2</u> m
Enter new mailing address, if applicable: (Mailing address MAYBE A POST OFFICE BOX)	N/A		
2. The Florida document number of this limited lia	ability company is: M210000	04373	
Jurisdiction of its organization: DE	. <u></u>		
4. Date authorized to do business in Florida: 4/13	3/2021		
SECTION II (5-9 complete only the applicable			
5. New name of the limited liability company: el (mus	katerra Tea MSO USA LLC st contain "Limited Liability	Company, " "L.L.C.," or "L	.LC ")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.	maging members adopting th	ng business in Florida and at e alternate name. The alterna	tach a ate name
6. If amending the registered agent and/or register registered agent and/or the new registered office a	red officer address on our rec address here:	nds, enter the name of the n	ew
Name of New Registered Agent:			
New Registered Office Address:	Emer Ele	rida Street Address	
	1,,,,,,,,,		
	Сііу	, Florida Zip Code	
New Registered Agent's Signature, if changing Reliable I hereby accept the appointment as registered age the provisions of all statutes relative to the proper and accept the obligations of my position as regis document is being filed to merely reflect a change	ent and agree to act in this ca r and complete performance of tered agent as provided for a	of my duties, and I am famili 1 Chapter 605, F.S. Or, if th	iar with is

If Changing Registered Agent, Signature of New Registered Agent

liability company has been notified in writing of this change.

Pege: 4 of 5

Ed. J. Committee	Nlass	Address 1	ype of Action
<u>Fitle/ Capacity</u>	<u>Name</u>	Address T	ype of Atenon
			□Add
			Remove
			□Add
			URemove
			□Add
			□Add
			Remove
	.		□Add
9. Attached is a certil aforementioned an jurisdiction under	11/1/2	days old, evidencing the the official having custody of records in the ized. he authorized representative	2029 JAN -6 AM 10: 26

<u>Delaware</u>

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'UNILEVER TEA MSO USA

LLC', FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO

'EKATERRA TEA MSO USA LLC' ON THE THIRD DAY OF DECEMBER, A.D.

2021, AT 10:50 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF
THE AFORESAID CERTIFICATE OF AMENDMENT IS THE FIRST DAY OF
JANUARY, A.D. 2022.



Authentication: 202325277

Date: 01-05-22

5177046 8320 SR# 20220039746