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## **COVER LETTER**

то:	Registration Sec Division of Corp				
/31.145.4 <b>1</b>	2 4 4 4 4	True Value Hardware	of Clewiston LLC		
SUBJE	ECT:	Name of Limi	ited Liability Company		
The en	closed Articles of .	Amendment and fec(s) are sub-	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		Stever	1. Smith		
			Name of Person		
		True Va	lue Hardware of Clewiston		
			Firm/Company		
412 East Sugarland Hwy					
Address					
		Clewis	ton, Florida 33440		
			City/State and Zip Code		
			h@truevalue.net		
		É-mail address: (	to be used for future annual report noti	fication)	
For fur	ther information c	oncerning this matter, please ca	all:		
Steven	L. Smith		863 983-5138 at ()		
	Name o	f Person	Area Code Daytim	e Telephone Number	
Enclos	ed is a check for th	ne following amount:			
□ \$2	5.00 Filing Fee	■ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Addres		<u>Street Address:</u> Registration Se	ction	
Registration Section Division of Corporations		Division of Cor	rporations		
	P.O. Box 632 Tallahassee, I		The Centre of T	Fallahassee be Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

24 7:42 735 ji L True Value Hardware of Clewiston LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{02/21/2008}{1}$ Florida document number \_\_\_\_\_ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: S&B Hardware LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 412 East Sugarland Hwy Enter new principal offices address, if applicable: Clewiston, Florida 33440 (Principal office address MUST BE A STREET ADDRESS) 412 East Sugarland Hwy Enter new mailing address, if applicable: Clewiston, Florida 33440 (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: New Registered Office Address: Enter Florida street address Cin

## 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.

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

 	_		
Manager - Authorized Mem	ıer		

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			∏Remove
			□Change
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	ormation, enter change(s) here: (Attach additional sheets, if no	
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		_
If an effective date is listed, the danger of the Mote:  Note: If the date inserted in	an the date of filing:	
e record specifies a delayed e rd is filed.	effective date, but not an effective time, at 12:01 a.m. on the earlier of:	(b) The 90th day after the
02/19 Dated	. 2020	
	Stee I Snoth	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00