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COVER LETTER

	ntion Secti of Corpo			
	sen Materia	als, LLC		
SUBJECT:		Name of Limit	ed Liability Company	
The enclosed Arti	icles of An	nendment and fee(s) are subn	nitted for filing.	
Please return all c	correspond	ence concerning this matter to	o the following:	
		Gayle Aiken		
Name of Person				
	Honigman Miller Schwartz and Cohn			
Firm/Company				
		2290 First National Buildin	g	
		- 	Address	
		Detroit, MI 48226		
		· · · ·	City/State and Zip Code	
		gca@honigman.com		
		E-mail address: (to	o be used for future annual report notification	
For further inform	nation con	cerning this matter, please ca	11:	AHASS T
Gayle Aiken			313 465-7208 at ()	500 T
Enclosed is a che	Name of P	erson following amount:	Area Code Daytime Tele	phone Number TG
			Part of Piller Dec 9	> 10 .
□ \$25.00 Filing	g ree	□ \$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 ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rosen Mater	ials, LLC			
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number L10000123494 This amendment is submitted to amend the following.	were filed on 12/1/2010	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	he abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	Buffalo Grove, Illinois 60089			
Enter new mailing address, if applicable:	1000 Corporate Grove Drive			
(Mailing address MAY BE A POST OFFICE BOX)	Buffalo Grove, Illinois 60089			
B. If amending the registered agent and/or registered o		ter the name of the nev		
registered agent and/or the new registered office address her	<u>'e</u> :			
Name of New Registered Agent:		70 B		
New Registered Office Address:	Enter Florida street address	ASS CONTRACTOR		
	, Florida	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:	·			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and I o provided for in Chapter 605, F.S.	am familiar with and Or, if this document is		

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Drew Rosen	1371 Sawgrass Corporate Parkway	
		Sunrise, FL 33323	■ Remove
			Change
MGR	US LBM Holdings, LLC	1000 Corporate Grove Drive	■ Add
		Buffalo Grove, Illinois 60089	☐ Remove
			☐ Change
			☐ Add
			Remove
			Change
			Prodd Remove
			Garage M
			□ Remove
			Change
			Remove
			☐ Change

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Filing Fee: \$25.00