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COVER LETTER

TO:

Registration Section

Division of Cor	porations				
SUBJECT: Kenpat	USA Multi Family Construction	on, LLC			
		ited Liability Company		_	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	n.·	20.7.1			
	PTIS	Name of Person			
	Ken	pat USA Multi Family Construction, LI	.c		
		Firm/Company			
	90 Sc	outh Bradshaw Road		, 	1
		Address	_	75 .	
	Арс	ppka FL 32703			۔ ت ,
		City/State and Zip Code		SEE A	-
	E-mail address: (aan@kenpat.net to be used for future annual report noti	lication)	SSEE. FL	>
For further information c	oncerning this matter, please c	all:		.E	1
Paul Wolmarans		at (407) 464-7070			
Name o	f Person	Area Code Daytim	e Telephone Nun	aber	
Enclosed is a check for the	ne following amount:				
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certif Certif	O Filing Fee. ficate of Status fied Copy onal copy is enclos	
Mailing Addres		Street Address:			
Registration S Division of C		Registration Sec Division of Cor			
P.O. Box 632	2.7	The Centre of T	allahassee	a 910	
Tallahassee,	r に 343 14	2415 N. Monro	e succt, sull	COIU	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Kenpat Multi Family Construction, LLC (Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)						
The Articles of Organization for this Limited Liability Company	were filed on <u>02/18/2014</u>	and assigned					
lorida document number							
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the limited liab	oility company here:						
Uniclad LLC							
The new name must be distinguishable and contain the words "Limited Liabi	ility Company." the designation "LLC" or	r the abbreviation "L.L.C."					
Enter new principal offices address, if applicable:	Uniclad LLC						
Principal office address MUST BE A STREET ADDRESS)	90 South Bradshaw Road	7.3					
	Apopka FL 32703						
Enter new mailing address, if applicable:	Same	1.45.4 1.45.4 1.45.4					
	Same						
Mailing address MAY BE A POST OFFICE BOX)							
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: Same	address on our records, enter the	e name of the new reg					
New Registered Office Address:							
	Enter Florida street address						
	, Florid						
	City	Zip Code					

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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 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>	Name	Address	Type of Action
Senior VP	Phil Klote	90 South Bradshaw Road, Apopka Fl. 32703	□Add
			⊠Remove
			□Change
<u>CFO</u>	Rick Asta	90 South Bradshaw Road, Apopka FL 32703	□Add
			⊠Remove
		-	□Change
Treasurer/CFO	David Yates	90 South Bradshaw Road, Apopka FL 32703	
			□Remove
			□Change
<u>VP</u>	Etienne Wolmarans	90 South Bradshaw Road, Apopka Fl. 32703	\(\overline{\sum}\) Add
			□Remove
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