

L14000067730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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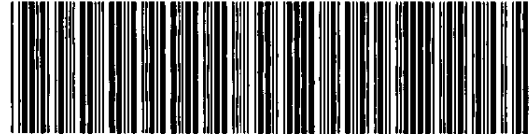
(Business Entity Name)

(Document Number)

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STRAUGHN & TURNER, P.A.

ATTORNEYS AND COUNSELORS AT LAW

RICHARD E. STRAUGHN
MARK G. TURNER
BRIAN J. KNOWLES

JACK STRAUGHN
(1925-2000)

August 14, 2014

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

RE: CONSTRUCTION PRODUCTS WHOLESALE SERVICES, LLC/
Articles of Amendment
Document No.: L14000067730
Our File No.: 11813/0001

Dear Sir:

Please find enclosed herewith the following, incident to the above limited liability company:

1. Original and one (1) copy of signed Articles of Amendment to the Articles of Organization;
2. My firm's check made payable to the Florida Department of State, in the total amount of \$25.00 which represents the filing fee for the Articles of Amendment; and
3. Stamped envelope for the return of a file stamped copy of the Articles and your acknowledgment to my attention at the above address.

Thank you for your assistance in this regard. Should you have any questions, please do not hesitate to contact me or my assistant, Debby.

Sincerely yours,

STRAUGHN & TURNER, P.A.

MARK G. TURNER

MARK G. TURNER

(stamped in my absence to avoid delay)

MGT/djb
enclosures

cc: David Doerbaum, Manager

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2014 AUG 18 P 5:00
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

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

CONSTRUCTION PRODUCTS WHOLESALE SERVICES, 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 April 25, 2014 and assigned
Florida document number L14000067730

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices 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)

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

_____, **Florida** _____
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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBRM	KATHARINE DOERBAUM	733 Terrace Gardens Lane	<input checked="" type="checkbox"/> Add
		Lakeland, Florida 33815	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated August 14, 2014

David R. Doerbaum

Signature of a member or authorized representative of a member

DAVID R. DOERBAUM, Member

Typed or printed name of signer

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TALLAHASSEE, FLORIDA

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