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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FERNANDO JIMENO

Account Number: 074553003252 Phone : (305)826-1711

Fax Number : (305)826-1738

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

| | Address: | | | |
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Accounting Guide & Taxes

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

FILED
2017 WN-2 AM 90 24
TALLAHASSEE, FLORIDA 3058261738

U.S LUMBER SUPPLY, LLC.

| (A Florida Limited | Liability Company) | on our records. | |
|--|---------------------------|-----------------------------|--------------------|
| The Articles of Organization for this Limited Liability Compan Florida document numberL14000142171 | y were filed on 09/1 | 1/2014 | _ and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited lial | bility company here | 2: | |
| The new name must be distinguishable and contain the words "Limited Liab | vility Company," the desi | gnation "LLC" or the abbre | viation "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 of registered agent and/or the new registered office address here | office address on o | ur records, <u>enter th</u> | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | ٧. | | |
| | 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 agr | ee to act in this cap | pacity. 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

Page 1 of 3

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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 |
|--------------|-------------------------|---|--|
| AMBR | ANDRES F. ORTEGON PARRA | 724 Aurelia Street | □ Add |
| | | Boca Raton, FL 33486 | ■ Remove |
| .1.000 | | · • • • • • • • • • • • • • • • • • • • | Change |
| AMBR | LAURA LONDONO | 4109 W Whitewater Avenue | ■ Add |
| | • | Weston, FL 33332 | □ Remove |
| | | | Change |
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| ective date, if other than the date of filing: | or to date of filing or more th | (optional) an 90 days after filing.) Pursu | iant to 605.020 |
| te: If the date inserted in this block does not meet the applicument's effective date on the Department of State's record | licable statutory filing req | uirements, this date will n | ot be listed as |
| milent's effective date of the Department of State 5 record | | | |
| record specifies a delayed effective date, but n | not an effective time. | . at 12:01 a.m. on th | ie earlier o |
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| Signature of a member or aut | morrised representative of a r | HEITHOCL. | |

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