<u>UIL 0000 99521</u>

(Re	equestor's Name)	
(Ad	dress)	
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SECRETARY OF STATE
AND ANASSEE, FLORID

COVER LETTER

	egistration Sec ivision of Corp		•		
SUBJECT		uilding Supply, LLC			
SUBJECT	•	Name of Limi	ted Liability Company		
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retu	rn all correspon	ndence concerning this matter	to the following:		
		Gayle Aiken			
•		Name of Person Honigman Miller Schwartz and Cohn Firm/Company			
2290 First National Buil		2290 First National Buildin	ling		SECRI ALL!
			Address		ETA ETA
		Detroit, MI 48226			FILED AHASSEE, F
		gca@honigman.com	City/State and Zip Code		11 PH 2: ARY OF STATESEE, FLOR
		- • -	to be used for future annual report notifi	cation)	RIDA RIDA
For further	r information co	oncerning this matter, please ca	all:		
Gayle Aik	ten		313 465-7208		
	Name of	f Person	at () Area Code Daytime	Telephone Number	
Enclosed i	s a check for th	ne following amount:			
\$25.00) Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &
		ING ADDRESS:	STREET/COURIE		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

· ·	ling Supply, LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Torida document number L16000099521	were filed on 5/24/2016	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1000 Corporate Grove Drive	
Principal office address MUST BE A STREET ADDRESS)	Buffalo Grove, Illinois 60089	<u> </u>
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of		FILED CREINFIOF STATE AUG 1.1 PH 2: 24 of the number the name of the number of the n
egistered agent and/or the new registered office address her	<u>'e:</u>	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	a 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	lanager .uthorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Add	
			☐ Remove	
			Change	
<u>.</u>			Add	
			Remove	
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ffective date, if other than the date of filing:		(op	otional)
an effective date is listed, the date must be specific and cannot ote: If the date inserted in this block does not meet the	be prior to date of fili	ng or more than 90 days af	ter filing.) Pursuant to 605.02
ocument's effective date on the Department of State's	records.	,g . • q • •	
e record specifies a delayed effective date, The 90th day after the record is filed.	but not an effec	tive time, at 12:01	l a.m. on the earlier
The sources and record to mean			
ated August 10 , 201	6		
Garle O. Signatura of a member	r or authorized represent	entative of a member	·
< Signature of a member	or unuivitaen represe	mante of a memori	

Page 3 of 3

Filing Fee: \$25.00