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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE	CSS ACQU	JISITION, LLC		
SUBJE	C1	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		ROBERT SALTSMAN		
			Name of Person	
		ROBERT P. SALTSMAN	, P.A.	
			Firm/Company	
		P.O. BOX 2146		
			Address	
		WINTER PARK, FL 3279	0	
			City/State and Zip Code	
		rick@floridapaints.com		
			o be used for future annual report notific	cation)
For furth	ier information co	oncerning this matter, please ca	all:	
ROBER	T SALTSMAN		407 647-2899 at ()_	
	Name of	f Person		Telephone Number
Enclosed	l is a check for th	ne following amount:		
≅ \$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S		Street Address: Registration Sect	ion

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

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CSS ACQUISITION, 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 04/30/2021 _____ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: C & S SUPPLY OF ORLANDO, LLC The new name must be distinguishable and contain 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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Enter Florida street address

_ Florida _

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>	Address	Type of Action
			□Remove
			□Remove
			□Change
			□Add
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cord specif s filed.	ies a delayed effective date, but not an	ffective time, at 12:01 a.m. on the earlier of	of: (b) The 90th day after the
ed	June 1	2021 // // -	
	Signature of a men	er or authorized representative of a member	
		K. STRUBE	