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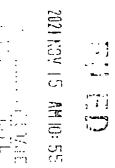
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| PICK-UP WAIT MAIL |
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| Codified Coding |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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DEC _ 5 2021

COVER LETTER

TO:

Registration Section

| Division of Cor | porations | | | |
|--------------------------------|--|---|---|--|
| Prime Build | ling Supply LLC | | | |
| SUBJECT: | Name of Lim | ited Liability Company | | |
| The enclosed Articles of | Amendment and fee(s) are sub | unitted for filing. | | |
| | ndence concerning this matter | _ | | |
| · | Ç | - | | |
| | Meghan Zbikowski | | | |
| | | Name of Person | | |
| | | Firm/Company | | |
| | 1619 Park Commerce Ct | | | |
| | | Address | | |
| | St. Cloud, FL 34769 | | | |
| | meghan@doorvida.com | City/State and Zip Code | | |
| | - - | to be used for future annual report no | tification) | |
| For further information c | oncerning this matter, please c | all: | | |
| Meghan Zbikowski | | 407 5930258 | | |
| Name o | f Person | | me Telephone Number | |
| Enclosed is 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) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | |
| Mailing Addres Registration S | | Street Address: Registration S | ection | |
| Division of C | orporations | Division of Corporations | | |
| P.O. Box 632 Tallahassee, 1 | | The Centre of 2415 N. Monro | Tallahassee oe Street, Suite 810 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Prime Building Supply LLC

(Name of the Limited Liability Company as it now appears on out resords.) 5 Art 10. 50 (A Florida Limited Liability Company)

中部門 运

| The Articles of Organization for this Limited Liability Compar | ny were filed on $\frac{10/08/20}{10}$ | 21 and assigned |
|--|--|--|
| Florida document number 1.21000440551 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lis | ability company here: | |
| The new name must be distinguishable and contain the words "Limited Lia | ability Company." the designa | tion "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 offic agent and/or the new registered office address here: | e address on our record | ls, enter the name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida str | eet address |
| | | , Florida Zip Code |
| | 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 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 |
|--------------|------------------|-----------------------|-----------------|
| MGR | KYLE DEYOUNG | 1619 PARK COMMERCE CT | |
| | | ST CLOUD, FL 34769 | □Remove |
| | | | ≡ Change |
| MGR | MARK MONTALVO | 3702 SARASOTA CT | ≡ Add |
| | | ORLANDO, FL 32812 | □ Remove |
| | | | □Change |
| AMBR | MEGHAN ZBIKOWSKI | 1619 PARK COMMERCE CT | □Add |
| | | ST CLOUD, FL 34769 | □Remove |
| | | | ■Change |
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| ective date, if other than the da | te of filing: | | (option | al) |
| n effective date is listed, the date must be te: If the date inserted in this block | does not meet the app | dicable statutory fil | more than 90 days after fil ing requirements, this d | ing.) Pursuant to 605.020 ate will not be listed as |
| rument's effective date on the Depa | rtment of State's recor | ds. | | |
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