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COVER LETTER

TO:	Registration Se Division of Cor			
CHDIE		orks USA, LLC		
SUBJE	CI:	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Lexy O'Nowlin		
			Name of Person	
		CNS Millworks USA, LLC		
			Firm/Company	
		223 Black Creek Boulevar	d	
			Address	
		Freeport, FL 32439		
			City/State and Zip Code	
		lexy@cnsmillworks.com		
		E-mail address: (to be used for future annual report notific	eation)
For furt	her information c	oncerning this matter, please ca	all:	
Lexy O	'Nowlin		850 499.2853	
	Name o	f Person		Telephone Number
Enclose	d is a check for the	he following amount:		
□ \$25	5.00 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		Street Address:	·
	Registration S Division of C		Registration Sect Division of Corp	
	P.O. Box 632		The Centre of Ta	
	Tallahaccee	FI 32314	2415 N. Monroe	Street Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CNS Millworks USA, LLC		
(Name of the Limited Li (A F	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabili		and assigned
Florida document number L22000178907	·	
This amendment is submitted to amend the followin	g:	
A. If amending name, enter the new name of the	limited liability company here:	
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 A	DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	Q	<u>~2</u>
		35E
	***************************************	PR C
B. If amending the registered agent and/or regis	tered office address on our records, enter the n	ame of tho new registered
agent and/or the new registered office address he	<u>re</u> :	克公里
		MIN OF ST
Name of New Registered Agent:		F. 5.
N P ' 1 05" A 11		产量一
New Registered Office Address:	Enter Florida street address	
	Tht.J.	
_	, Florida	Zin 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 addec or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Aaron Lee Lewis	7717 Dover Hills Drive, Wake Forest, NC 27587	= Add
			□Remove
			□Change -
			□Add
			□Remove
			🗆 Change
			🗆 Add
			□Remove
			□Change
			□Add
			🗆 Remove
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			□Change

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