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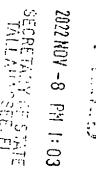
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| Certified Copies        | Certificates       | s of Status |
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| Special Instructions to | Filing Officer:    |             |
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## **COVER LETTER**

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|--|--|--|--|---|
| ERS' SUPPLY LLC                              |  |  |  |   |
| Name of Lim                                  | ited Liability Company   |  |  |   |
| Amendment and fee(s) are sub                 | mitted for filing  |  |  |   |
|  | -  |  |  |   |
| LIAO, YU                                     |  |  |  |   |
|  | Name of Person   |  |  |   |
|  | Firm/Company   |  |  |   |
| 8941 SONOMA COAST I                          | OR .   |  | (n <b>53</b>   |   |
|  | Address  |  | 2022 H<br>SECH   | # Marries   |
| WINTER GARDEN, FL 34787                      |  |  |  | 1   |
|  | City/State and Zip Code  | . , , , , , , , , , , , , , , , , , , ,  | <i>&amp;</i>   |   |
| E-mail address: (                            | to be used for future annual report notificat  | tion)  |  |   |
| oncerning this matter, please c              | all:   |  | TE 02  |   |
|  | at 689, 236-6  | 4084   |  |   |
| Person                                       | Area Code Daytime Te   | lephone Number   |  |   |
| e following amount:                          |  |  |  |   |
| ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)  | Certificate<br>Certified C   | of Status &<br>opy   |   |
|  | Street Address:<br>Registration Section  | <b>&gt;</b> n  |  |   |
| orporations                                  | Division of Corpor   | rations  |  |   |
|  | ERS' SUPPLY LLC  Name of Lim  Amendment and fee(s) are sub indence concerning this matter  LIAO, YU  8941 SONOMA COAST I  WINTER GARDEN, FL 3  E-mail address: ( concerning this matter, please concerning this matter, please concerning this matter)  Person | Person Area Code  E-mail address: (to be used for future annual report notification and some of Status  Ferson Area Code  South Filing Fee & Certified Copy (additional copy is enclosed)  Street Address: Registration Section or porporations  Estreet Address: Registration Section or porporations  Registration of Corporations | Person Area Code  Benail address: (to be used for future annual report notification)  Discerning this matter, please call:  at (B89) Area Code  Benail address: (to be used for future annual report notification)  Discerning this matter, please call:  Street Address:  Street Address:  Street Address:  Registration Section Division of Corporations | Amendment and fee(s) are submitted for filing.  Amendment and fee(s) are submitted for filing.  Identice concerning this matter to the following:  LIAO, YU    Name of Person |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT A

| TO ARTICLES OF ORGANIZATION OF  | 2022 NOV -<br>SECRETA<br>TALLA |
|---|--------------------------------|
| KS BUILDERS' SUPPLY LLC   | - FR &                         |
| (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) | SEL S                          |
| f Organization for this Limited Liability Company were filed on 08/03/2022                                      | and assigned                   |

he Articles of Organization for this Limite

| orida document number L22000342120   |                               |  |
|--|-------------------------------|--|
| his amendment is submitted to amend the following:   |                               |  |
| . If amending name, enter the new name of the limited lial   | bility company here:          |  |
| Α  |                               |  |
| ne new name must be distinguishable and contain the words "Limited Liab                                      | ility Company," the designati | on "ELC" or the abbreviation "L.L.C."  |
| nter new principal offices address, if applicable:   | 7703 Kingspointe Park         | way, Suite 900, Orlando, FL 32819      |
| <u>'rincipal office address MUST BE A STREET ADDRESS)</u>  |                               |  |
| iter new mailing address, if applicable:  [ailing address MAY BE A POST OFFICE BOX]                          | 7703 Kingspointe Park         | way, Suite 900, Orlando, FL 32819      |
| If amending the registered agent and/or registered office ent and/or the new registered office address here: | address on our records        | , enter the name of the new registered |
| Name of New Registered Agent:  |                               |  |
| New Registered Office Address:   |                               |  |
|  | Enter Florida stre            | et address                             |
|  |                               | , Florida                              |
| <del></del> -  | City                          | Zip Code                               |

## v Registered Agent's Signature, if changing Registered Agent:

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ig filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability spany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

IGR = Manager MBR = Authorized Member

| itte | <u>Name</u> | <u>Address</u> | Type of Action                 |
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| ctive date, if other that<br>effective date is listed, the da | in the date of fili<br>ate must be specific a | ing:                | o date of filing or | (op<br>more than 90 days af | <b>tional)</b><br>ter filing ) Pursua | nt to 605 0 |
| : If the date inserted in t                                   | this block does no                            | t meet the applica  | ble statutory fili  | ng requirements, t          | his date will not                     | be listed   |
| ment's effective date on                                      | ine Department o                              | i State's records.  |                     |                             |                                       |             |
| and an old the control of                                     | Constitute data. Institute                    |                     | 13.01               |                             | do Til Dod                            |             |
| ord specifies a delayed ef<br>filed.                          | nective date, but n                           | oran effective till | ie, at 12:01 a.m.   | on the earner or;           | (b) the 90th c                        | iay after t |
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