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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

TO: Registration Section

| Division of Cor | porations | | |
|--------------------------------|--|---|---|
| | BUILDING MATERIALS LLC | : | |
| SUBJECT: | Name of Lim | nited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| | ondence concerning this matter | • | |
| rease return an correspo | machee concenting this maner | to the tonowing. | |
| | Allan Parra | | |
| | | Name of Person | |
| | A.P. | | |
| | | Firm/Company | <u>. </u> |
| | 3080 park pond way | | |
| | | Address | |
| | Kissimme, FL , 34741 | | |
| | | City/State and Zip Code | |
| | allan@alenpa.net | | |
| | | to be used for future annual report no | tification) |
| For further information c | oncerning this matter, please c | all: | |
| Allan Parra | | 407 9070039 at () | |
| Name o | f Person | Area Code Dayti | me Telephone Number |
| Enclosed is a check for the | he 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 Corporations | | Division of Co | orporations |
| P.O. Box 632 Tallahassee, I | | The Centre of 2415 N. Monro | Tallahassee oe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ALENPA BUILDING MATERIAL | _S LLC | | | | |
|---|---|---|----------------------------------|---------------|-------------|
| (Name of the Limi | ited Liability Compar (A Florida Limited L | ny as it now appears on our iability Company) | records.) | | |
| The Articles of Organization for this Limited L Florida document number L23000158418 | Liability Company | were filed on 03/29/202 | 3 | _ and assig | ned |
| This amendment is submitted to amend the following | lowing: | | | | |
| A. If amending name, enter the new name of | of the limited liabi | lity company here: | | | |
| ALENPA INDUSTRIES LLC | | | | | |
| The new name must be distinguishable and contain the | words "Limited Liabili | ty Company," the designation | on "LLC" or the abbre | viation "L.L. | C." |
| Enter new principal offices address, if appli- | cable: | 3080 park pond way, | Kissimme, FL 347 | 41 | |
| (Principal office address MUST BE A STREE | ET ADDRESS) | | | | |
| | | | | | |
| Enter new mailing address, if applicable: | | 3080 park pond way, | Kissimme, FL 347 | 41 | |
| (Mailing address MAY BE A POST OFFICE | BOX) | | | | |
| | | | | | |
| B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent: | • | | enter the name o | of the new | registered |
| New Registered Office Address: | 3080 park pond | d way, kissimme , FL , | 34741 | 201 | = .(|
| New Registered Office Address. | | Enter Florida stree | t address | —— <i>≿</i> 3 | |
| | Kissimme | | address, Florida ³⁴⁷⁴ | 1 – | -5.1 3 |
| | | City | | Zip Colff | <u> </u> |
| New Registered Agent's Signature, if changing | Registered Agent: | | | 2 | |
| I hereby accept the appointment as registere provisions of all statutes relative to the proj | | | y. I further agree | to comply | iwith the |

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 = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| ffective date, if other than the an effective date is listed, the date must ote: If the date inserted in this bloomment's effective date on the De | t be specific and cannot be ock does not meet the a | prior to date of pplicable state | | | |
| record specifies a delayed effective is filed. | | | | 90th day afti | er the |
| Junio 17 | Signature of a member or | · | le l | | |
| | | A. | | | |

Filing Fee: \$25.00