LZ3000257364

(Requestor's Name)
(Address)
(Address)
•
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certificates of Status
Special Instructions to Filing Officer:
JUN - 5 2023

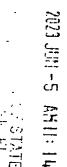
Office Use Only

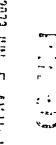


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COVER LETTER

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SUBJE	CT.	BUILDING SUPP	PLIES PLUS, LLC		
SUBJE	.c.:	Name of Limited	d Liability Company		
Tri .	1 14 2 1 0	(A.)	to telepin		
i ne en	closed Articles of	Amendment and fee(s) are submi	itted for filing.		
Please	return all correspo	ondence concerning this matter to	the following:		
		WAVNE	WARDELL Name of Person		
			Name of Person	_	
		BUILDING	SUPPLIES PLUS, LLC Firm/Company	_	
		11596 W.	ALSINGHAM RD Address	_	
		LARGO, F	City/State and Zip Code	_	29
			-		(
		Wardella E-mail address: (to l	be used for future annual report notification)		FE 1
For fur	ther information o	concerning this matter, please call:		, , , , ,	J
	TAMMY	WARDELL	at (727), 776-4231	Tis 巴耳	Ail: 14
	Name o	of Person	Area Code Daytime Telephone Number	r fi	*
Enclose	ed is a check for t	he following amount:			
□ \$2.	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	ate of Status	
	Mailing Addre	55:	Street Address:		
	Registration		Registration Section		
	Division of C	•	Division of Corporations		
	P.O. Box 632	<u>7</u> 7	The Centre of Tallahassee		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIES PLL	15, LLC		
as it now appears on bility Company)	our records.)		
ere filed on5	/25 /2023	and ass	igned
ty company here:			n"L.L.C." new registered orde omply with the with and locument is
Company," the design	nation "LLC" or the abbrev	iation "L.	L.C."
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dress on our recor	rds, <u>enter the name of</u>	the new	v registerec
			
Enter Florida s	street address		
C:-	, Florida		
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erformance of my ovided for in Chap	duties, and I am fami oter 605, F.S. Or, if th	liar witt iis docu	h and ment is
	ty company," the design City to act in this cape erformance of my ovided for in Chap	Company, the designation "LLC" or the abbreve dress on our records, enter the name of the street address. Enter Florida street address. City: Z to act in this capacity. I further agree to act in this capacity. I further agree a forward of the street o	ty company here: Company, the designation "LLC" or the abbreviation "L. dress on our records, enter the name of the new Enter Florida street address Florida

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>	Name	Address	Type of Action
MGR	WAYNEWARDELL	3202 HILLTOP LN LARGO, FL 33770	<u>tÞ</u> Add
			□Remove
			□ Change
			□Add
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			□Remove
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Filing Fee: \$25.00