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COVER LETTER

Tallahassee, FL 32314

TO:	Registration Se Division of Cor						
CHID IEA		Construction Supply, LLC					
SUBJEC	Name of Limited Liability Company						
The encl	losed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please re	eturn all correspo	ondence concerning this matter	to the following:				
		Maikel Valdivia					
			Name of Person				
		Southeast Construction Su	pply. LLC				
			Firm/Company				
		311 Beal Pkwy NW					
		Ft Walton Beach, FL 32548					
		City/State and Zip Code					
		info@valdiviaconstruction.com E-mail address: (to be used for future annual report notification)					
For furth	ner information c	concerning this matter, please c	•	(California)			
Maikel '	Valdivia		850 460-4007				
	Name o	of Person	at () Area Code Daytime	Telephone Number			
Enclosed	d is a check for t	he following amount:					
量 \$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 Address Registration 9		<u>Street Address:</u> Registration Sec	ction			
	Division of C	Corporations	Division of Cor	porations			
	P.O. Box 632	77	The Centre of T	allahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Southeast Construction Supply, LI		
(Name of the Lim	ited Liability Company as it now appears ((A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited I		ust 1, 2023 and assigned
lorida document number L23000350360		
his amendment is submitted to amend the fol	lowing:	
a. If amending name, enter the new name	of the limited liability company here	∷
he new name must be distinguishable and contain the	words "Limited Liability Company," the desi	ignation "LLC" or the abbreviation L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
		1.12
		
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	
Mailing address MAY BE A POST OFFICE		
muning dualess mai be a 1051 011 fee		
3. If amending the registered agent and/or	registered office address on our rec	ords, enter the name of the new regist
gent and/or the new registered office addre	ess here:	
	Maikel Valdivia	
Name of New Registered Agent:	Market Fardivia	
New Registered Office Address:	311 Beal Pkwy NW	
	Enter Floride	a street address
	Ft Walton Beach	Florida
	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 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
AMBR	Gene Frost	130 Wynfield Blvd	□Add
		Mt Juliet, TN 37122	■Remove
			□Change
AMBR	Cheri Frost	130 Wynfield Blvd	□ Add
		Mt Juliet, TN 37122	■Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			
			□Add
			□Remove
			Change
			□Change

	
If an et Note:	tive date, if other than the date of filing: July 8.2124 (optional)
e reco ord is f	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Dated	7/9/2024
	and the second s
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00