# M1400005883

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		-

Office Use Only



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TO NOV 29 PH 4:22 SUPPLIED TO FILMS

J. HARRIS

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT	NO.	:	120000000195
		•	

REFERENCE : 383459 7164036

AUTHORIZATION

COST LIMIT

COST HIMIT : 0 \$ 25.00

ORDER DATE: November 29, 2016

ORDER TIME : . 2:48 PM

ORDER NO. : 383459-020

CUSTOMER NO: 7164036

#### FOREIGN FILINGS

NAME: CENTERPIECE ACQUISITION, LLC

CORPORATE
LIMITED PARTNERSHIP
XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

### **COVER LETTER**

Division of Corporations			
SUBJECT: Centerpiece Acquisi			
Name of Foreign	n Limited Liabil	lity Compa	ny
Dear Sir or Madam:			
The enclosed application, certificate and fee(s)	are submitted fo	or filing.	
Please return all correspondence concerning this	s'matter to the f	ollowing:	
Tracy Millsaps			
Name of Person			
Lowe's Home Centers, LLC			
Firm/Company	<u> </u>	•	
1000 Lowe's Blvd.			
Address		•	
Mooresville, NC 28117			
City/State and Zip Code	•	•	
incometax@lowes.com			
E-mail address: (to be used for future annual	report notificat	ion)	
For further information concerning this matter,	please call:		
Tracy Millsaps	at ( 704	, 758-	1000
Name of Person	_ '	& Daytime	e Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Registra Division P.O. Bo	NG ADDRESS: ation Section of Corporations ox 6327 ssee, Florida 32314
Enclosed is a check for the following amount  \$25 Filing Fee \$30 Filing Fee & Certificate of Status  CR2E055 (9/15)	t: \$55 Filio Certifie	_	S60 Filing Fee. Certificate of Status & Certified Copy

TO:

Registration Section

### Centerpiece Acquisition, LLC

November 28, 2016

NC Secretary of State PO Box 29622 Raleigh, NC 27626-0622

Re: Centerpiece Acquisition, LLC Name Change

Dear Sir or Madam:

Please be advised that the above mentioned company amends its name to Central Wholesalers, LLC. Per NCGS Section 75-29, the word "Wholesaler" is a restricted word and the company affirms that it will comply with the statute by engaging principally in a wholesale rather than a retail business.

Sincerely,

Beth R. MacDonald Assistant Secretary

1605 Curtis Bridge Road Wilkesboro, NC 28697 704-758-1000 CSC **MELISSA ZENDER** 

Please give original submission date as file date.

SUBJECT: CENTERPIECE ACQUISITION, LLC

Ref. Number: M16000005883

We have received your document for CENTERPIECE ACQUISITION, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 816A000254177

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

### SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears	s on the records of the Florida	Department of	
State: Centerpiece Acquisition, LL	C	VII	_
Enter new principal office address, if applicable:			-
( <u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u> )	· · · · · · · · · · · · · · · · · · ·		<u>-</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			- 
MAT BE A TOST OF FICE BOA			*
2. The Florida document number of this limited lia	ability company is: M16000		16.NOV.29
3. Jurisdiction of its organization: North Card			문 연 -
4. Date authorized to do business in Florida: 7/2	2/16		<u></u>
SECTION II (5-9 complete only the applicable of	** . *		
5. New name of the limited liability company:	Central Wholesalers, LI treontain "Limited Liability Co	_C	
(mus	a contain "Limited Liability Co	inpany, ""LLLC., or "LLC.	,
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mai must contain "Limited Liability Company," "L.L.C	naging members adopting the a	business in Florida and attach lternate name. The alternate r	- i a' iame
6. If amending the registered agent and/or registered registered agent and/or the new registered office ag	ed officer address on our record	ls, enter the name of the new	
Name of New Registered Agent:			_
New Registered Office Address:	E [2]:	la Street Address	_
	Enier riorie		
<del></del>	City	, Florida	-
New Registered Agent's Signature, if changing Re	gistered 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 the amendment ch	anges person, title or capacity in a	accordance with 605.0902 (1)(e), indicate that c	change:
itle/ Capacity	Name	Address	Type of Action
<del></del>			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
aforementioned am	he law of which this entity is orgi	y the official having custody of records in the	16 1801 29
	Beth R. MacD	onald	e e

Filing Fee: \$25.00



## NORTH CAROLINA Department of the Secretary of State

### To all whom these presents shall come, Greetings:

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify the following and hereto attached to be a true copy of

### ARTICLES OF AMENDMENT

OF

### CENTRAL WHOLESALERS, LLC

the original of which was filed in this office on the 23rd day of November, 2016.





Scan to verify online.

Elaine J. Marshall

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 29th day of November, 2016.

Secretary of State

Certification# 99442200-1 Reference# 13425415- Page: 1 of 3 Verify this certificate online at http://www.sosnc.gov/verification

SOSID: 1531677

Date Filed: 11/23/2016 10:12:00 AM

Effective: 11/28/2016 Elaine F. Marshall

North Carolina Secretary of State C2016 327 01513

### State of North Carolina Department of the Secretary of State

### Limited Liability Company AMENDMENT OF ARTICLES OF ORGANIZATION

Pursuant to §57D-2-22 of the General Statutes of North Carolina, the undersigned limited liability company hereby submits the following Articles of Amendment for the purpose of amending its Articles of Organization.

1.	The name of the limited liability company i	Centerpiece Acquisition, LLC			
2.	The text of each amendment adopted is as follows (attach additional pages if necessary):				
	Centerpiece Acquisition, LLC amends its name to Central Wholesalers, LLC				
3	(Check either a or b, whichever is applicab	(c)			
	AThe amendment(s) was (were) dul- prior to the identification of initial member B. X The amendment(s) was (were) duly	y adopted by the majority vote of the organizers of the limited liability company			
4.	These articles will be effective upon filing,	unless a date and/or time is specified: 11/28/16			
This the	8 day of November 20	6			
		Centerpiece Acquisition, LLC			
		Name of Limited Liability Company  Bell Illuly vale  Signature			
		Beth MacDonald, Organizer . Company Official			
		Type or Print Name and Title			

NOTES:

Filing fee is \$50. This document must be filed with the Secretary of State. CORPORATIONS DIVISION

(Revised January 2014)

P. O. BOX 29622

RALEIGH, NC 27626-0622 (Form L-17)