

1/14/2021

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (514)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SOUTHERN SUPPLY COMPANY, LLC**

Certificate of Status	0
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Help

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 on the records of the Florida Department of

State: Southern Supply Company, LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: _____

3. Jurisdiction of its organization: M17000002829

4. Date authorized to do business in Florida: 04/03/2017

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Allegheny Construction Specialties LLC
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, 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.

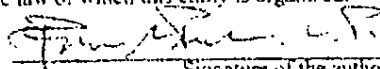
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


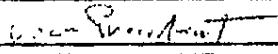
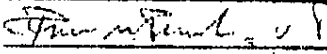


Signature of the authorized representative

David M. Prisecac David M. Prisecac

Typed or printed name of signee

Filing Fee: \$25.00

<p style="text-align: center;">State of Tennessee</p> <p style="text-align: center;"></p> <p style="text-align: center;">Department of State Corporate Filings 312 Rosa L. Parks Ave. 6th Floor, William R. Snodgrass Tower Nashville, TN 37243</p>	<p style="text-align: center; font-size: small;">For Office Use Only</p> <div style="border: 1px dashed black; width: 100px; height: 40px; margin: 10px auto; text-align: center; line-height: 40px; font-weight: bold;">FILED</div>
<p>ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION (LLC)</p>	
<p>LIMITED LIABILITY COMPANY CONTROL NUMBER (IF KNOWN) <u>000830394</u></p> <p>PURSUANT TO THE PROVISIONS OF §48-209-104 OF THE TENNESSEE LIMITED LIABILITY COMPANY ACT OR §48-249-204 OF THE TENNESSEE REVISED LIMITED LIABILITY COMPANY ACT, THE UNDERSIGNED ADOPTS THE FOLLOWING ARTICLES OF AMENDMENT TO ITS ARTICLES OF ORGANIZATION:</p>	
<p>PLEASE MARK THE BLOCK THAT APPLIES</p> <p><input checked="" type="checkbox"/> AMENDMENT IS TO BE EFFECTIVE WHEN FILED BY THE SECRETARY OF STATE.</p> <p><input type="checkbox"/> AMENDMENT IS TO BE EFFECTIVE _____ (DATE) _____ (TIME).</p> <p>(NOT TO BE LATER THAN THE 90TH DAY AFTER THE DATE THIS DOCUMENT IS FILED.) IF NEITHER BLOCK IS CHECKED, THE AMENDMENT WILL BE EFFECTIVE AT THE TIME OF FILING.</p>	
<p>1. PLEASE INSERT THE NAME OF THE LIMITED LIABILITY COMPANY AS IT APPEARS ON RECORD: <u>Southern Supply Company, LLC</u></p> <p>IF CHANGING THE NAME, INSERT THE NEW NAME ON THE LINE BELOW:</p> <p><u>Allegheny Construction Specialties LLC</u></p>	
<p>2. PLEASE INSERT ANY CHANGES THAT APPLY:</p> <p>A. PRINCIPAL ADDRESS: _____</p> <p style="text-align: center; font-size: small;">STREET ADDRESS</p> <p style="text-align: center; font-size: small;">CITY STATE/COUNTY ZIP CODE</p> <p>B. REGISTERED AGENT: _____</p> <p>C. REGISTERED ADDRESS: _____</p> <p style="text-align: center; font-size: small;">STREET TN</p> <p style="text-align: center; font-size: small;">CITY STATE ZIP CODE COUNTY</p> <p>D. OTHER CHANGES:</p>	
<p>3. THE AMENDMENT WAS DULY ADOPTED ON <u>November 24, 2020</u></p> <p style="text-align: center; font-size: small;">MONTH DAY YEAR</p> <p>(If the amendment is filed pursuant to the provision of §48-209-104 of the TN LLC Act, please also complete the following by checking one of the two boxes.) AND THE AMENDMENT WAS DULY ADOPTED BY THE</p> <p><input type="checkbox"/> BOARD OF GOVERNORS WITHOUT MEMBER APPROVAL AS SUCH WAS NOT REQUIRED</p> <p><input checked="" type="checkbox"/> MEMBERS</p>	
<p><u></u></p> <p style="text-align: center; font-size: small;">SIGNER'S CAPACITY</p> <p>VP of Allegheny Diversified Holding Company, which is sole/managing member of Southern Supply Company LLC</p> <p style="font-size: x-small;">SS-4247 (REV. 01/09)</p>	<p><u></u></p> <p style="text-align: center; font-size: small;">SIGNATURE</p> <p><u>David M. Priselac</u></p> <p style="text-align: center; font-size: small;">NAME OF SIGNER (TYPED OR PRINTED)</p> <p>David M. Priselac</p>
<p style="text-align: center; font-size: x-small;">Filing Fee: \$20.00</p> <p style="text-align: right; font-size: x-small;">RDA 2458</p>	

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