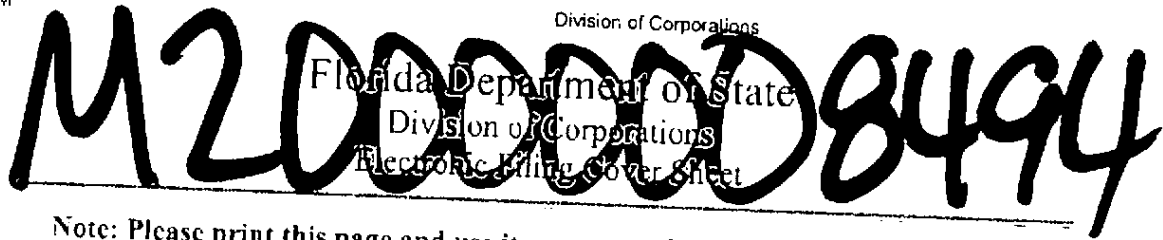
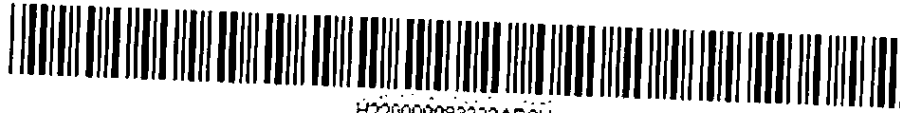


1/6/22, 3:58 PM



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000008323 3)))



H220000083233ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)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: \_\_\_\_\_

2022 JAN -6 PM 4:04

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
PROFESSIONAL BUILDERS SUPPLY LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

FILED  
2022 JAN -6 AM 10:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 07 2022  
S. PRATHER

Electronic Filing Menu

Corporate Filing Menu

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: Professional Builders Supply, LLC

Enter new principal office address, if applicable: 2150 E. Lake Cook Road, Suite 1010

(Principal office address  
MUST BE A STREET ADDRESS) Buffalo Grove, IL 60089

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: M20000008494

3. Jurisdiction of its organization: North Carolina

4. Date authorized to do business in Florida: September 29, 2020

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

5. New name of the limited liability company: \_\_\_\_\_  
(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 officer 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: C T Corporation System

New Registered Office Address: 1200 South Pine Island Road

*Enter Florida Street Address*

Plantation

Florida

33324

*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.*

C T Corporation System

By: Stephanie Hencz

Stephanie Hencz

Assistant Secretary

If Changing Registered Agent, Signature of New Registered Agent

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2022 JAN -6 AM 10:46

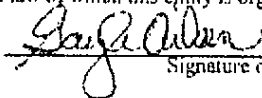
FILED

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)(e), indicate that change:

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR / MBR</u>	<u>US LBM Holdings, LLC</u>	<u>2150 E. Lake Cook Rd., Suite 1010</u>	<input checked="" type="checkbox"/> Add
		<u>Buffalo Grove, IL 60089</u>	<input type="checkbox"/> Remove
<u>MBR</u>	<u>Isley, Van</u>	<u>12517 Ribbongrass Ct</u>	<input type="checkbox"/> Add
		<u>Raleigh, NC 27614</u>	<input checked="" type="checkbox"/> Remove
<u>MBR</u>	<u>Lochbaum, Steve</u>	<u>2133 Buckingham Rd.</u>	<input type="checkbox"/> Add
		<u>Raleigh, NC 27607</u>	<input checked="" type="checkbox"/> Remove
<u>MBR</u>	<u>Wilkerson, Troy</u>	<u>1774 Benson Rd.</u>	<input type="checkbox"/> Add
		<u>Angier, NC 27501</u>	<input checked="" type="checkbox"/> Remove
<u>MBR</u>	<u>CBD Inc.</u>	<u>2319 Western Blvd.</u>	<input type="checkbox"/> Add
		<u>Raleigh, NC 27614</u>	<input checked="" 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

US LBM Holdings, LLC by Gayle Aiken, Authorized Representative

Typed or printed name of signee

Filing Fee: \$25.00

FILED  
2022 JAN -6 AM 10:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

CONTINUATION OF 8.

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>
<u>MBR</u>	<u>Isley Legacy Trust</u>	<u>12517 Ribongrass Ct.</u>	<input type="checkbox"/> Add
		<u>Raleigh, NC 27614</u>	<input checked="" type="checkbox"/> Remove
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
<u></u>	<u></u>	<u></u>	<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

\_\_\_\_\_  
Typed or printed name of signer

**Filing Fee: \$25.00**