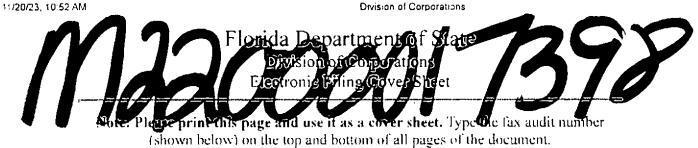
To:

Division of Corporations



(((H23000400026 3)))



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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 : (614)280-3338

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

	Address:			
CHICLE	MUUI E33.			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN US LBM OPERATING CO. 2009, LLC

Certificate of Status	0
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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 appear	ars on the records of the Florida Dep	partment of		
State: US LBM OPERATING CO. 2009, LLC		. <u></u>		
Enter new principal office address, if applicable:				
(Principal office address				
<u>MUST RE A STREET ADDRESS</u>)		<u> </u>	F-G-	
			F-0	
Enter new mailing address, if applicable:				
(<u>Mailing address</u> MAY BE A POST OFFICE BOX)			٠. ج	
			· · · · · · · · · · · · · · · · · · ·	
2. The Florida document number of this limited li	iability company is: M22000017398	8 -		
2. The Florida document number of this inflict in	adding company is,		- 2	
3. Jurisdiction of its organization: Delaware			-	
4. Date authorized to do business in Florida: $\frac{117}{2}$	17/2022			
SECTION II (5-9 complete only the applicable				
5. New name of the limited liability company: (mu	st contain "Limited Liability Comp	oany, " "L.L.C.,"	or "LLC.")	
(if name unavailable, enter alternate name adopte copy of the written consent of the managers or must contain "Limited Liability Company," "L.L.	anaging members adopting the alter	siness in Florida mate name. The	and attach a alternate name	
6. If amending the registered agent and/or registeregistered agent and/or the new registered office a		enter the name o	f the new	
Name of New Registered Agent:				
New Registered Office Address:	Emer Florida S			
	City	, Florida	n Code	
And the state of t	·	7,		
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered age	ent and agree to act in this capacity	v. I further agræe	to comply wit	
the provisions of all statutes relative to the prope and accept the obligations of my position as regis	r and complete performance of my	duties, and I am	familiar with	

h 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.

To:

l'itle! Capacity	<u>Name</u>	Address	Type of Action
VP Tax	Denise Obrochta	2150 E. Lake Cook RdSunc 1010	
		Buffalo Grove, IL 60089	ERemo
EVP	Manish Shanbhag	2150 F. Lake Cook RdSuite 1010	I®Add
GC & Secretary		Buffalo Grove, IL 60089	CRemo
			□Add
			E.Remo
			□Add
			□Remo
			□Add
aforemention		than 90 days old, evidencing the cated by the official having custody of records in the y is organized.	□Remo

Filing Fee: \$25.00