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R. HUNT 01/2/23

COVER LETTER

TO: Registration Division of C				
CURLECT	Summet Mat.	1. 110		
SUBJECT:	Suncoast Meta	ed Liability Company		
The enclosed Articles	of Amendment and fee(s) are subm	itted for filing.		
		-		
riease return an corre	spondence concerning this matter to	the following:		
		Le Allen Name of Person		
	Sunca	st Metals L	Lc	
		Firm-Company		
	2656 5	Street		
		Address	<u> </u>	
	Savasta	FL 3423	M 2	
		City/State and Zip Code		
	E-mail address: (10	ne cost metals. Con be used for future annual report no	(Notification)	
For further information	n concerning this matter, please call	•		
Jarnic (1 ->YCChe	ar 941 , 526	9 7818	
	e of Person	Area Code Dayti	me Telephone Number	
Enclosed is a check fo	r the following amount:			
□ \$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 Add		Street Address:	action	
Registratio Division of	n Section Corporations	Registration S Division of Co		
P.O. Box 6	327	The Centre of	Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Junega	st Metals	, LLC	
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appe da Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability Florida document numberL_0 00000 255		2/19/2001	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability company I	<u>iere</u> :	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the	designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			·
(Principal office address MUST BE A STREET ADD	ORESS)	·	tta.
		125 T	# 9:
Enter new mailing address, if applicable:		- <u>구</u> 발 	2
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or register agent and/or the new registered office address here		records, <u>enter the nam</u>	e of the new registere
Name of New Registered Agent:	<u> </u>		
New Registered Office Address:			
	Enter Fl	orida 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 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
MGR	Mike Allen	2050 51 street	
		Sarasta, FL 34234	□Remove
			□Change
			☐ Remove
		[1] [1]	
		r:	□Remove
			□Change
		***	□Add
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		27
Effective date, if other than the date of filing: $\frac{\sqrt{1/2023}}{}$	(optional)	
f an effective date is listed, the date must be specific and cannot be pride to date of fi Note: If the date inserted in this block does not meet the applicable statute		
document's effective date on the Department of State's records.		
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record specifies a delayed effective date, but not an effective time, at 12:0 d is filed.	or a.m. on the earner or. (b) The s	om day aner
a to filed.		
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