

**L 2000003339**

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 : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

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  
BEST METAL, LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 05      |
| Estimated Charge      | \$55.00 |

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K. SALY

APR - 2 2024

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2024 APR -1 AM 9:52

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

RECEIVED  
TALLAHASSEE, FLORIDA

2024 APR -1 PM 1:03

FILED

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**COVER LETTER****TO: Registration Section  
Division of Corporations****SUBJECT:** Best Metal, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anthony Da Fonseca  
Name of Person

Firm/Company

1600 NE 12th Terrace  
Address

Fort Lauderdale, FL 33305  
City/State and Zip Code

awdafonseca@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

at (  )  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Best Metal, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2024 APR -2 PM 1:03  
TALLAHASSEE, FLORIDA  
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The Articles of Organization for this Limited Liability Company were filed on January 1, 2020 and assigned  
Florida document number L20000033339.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices 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) \_\_\_\_\_

**B. 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

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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>                                    | <u>Address</u>             | <u>Type of Action</u>                      |
|--------------|--|----------------------------|--|
| MGRM         | Gregg E Wallick                                | 1800 NE 12th Terrace       | <input type="checkbox"/> Add               |
|              |  | Fort Lauderdale, FL 33305  | <input checked="" type="checkbox"/> Remove |
|              |  |                            | <input type="checkbox"/> Change            |
| AMBR         | Harkness Hurricane Intermediate Holdings, Inc. | 475 Fifth Ave., 20th Floor | <input checked="" type="checkbox"/> Add    |
|              |  | New York, New York 10017   | <input type="checkbox"/> Remove            |
|              |  |                            | <input type="checkbox"/> Change            |
|              |  |                            | <input type="checkbox"/> Add               |
|              |  |                            | <input type="checkbox"/> Remove            |
|              |  |                            | <input type="checkbox"/> Change            |
|              |  |                            | <input type="checkbox"/> Add               |
|              |  |                            | <input type="checkbox"/> Remove            |
|              |  |                            | <input type="checkbox"/> Change            |
|              |  |                            | <input type="checkbox"/> Add               |
|              |  |                            | <input type="checkbox"/> Remove            |
|              |  |                            | <input type="checkbox"/> Change            |
|              |  |                            | <input type="checkbox"/> Add               |
|              |  |                            | <input type="checkbox"/> Remove            |
|              |  |                            | <input type="checkbox"/> Change            |

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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

Article V of the Articles of Organization is hereby deleted in its entirety and replaced with the following new Article V:

**ARTICLE IV: MANAGEMENT**

The Power to manage and control the Limited Liability Company is vested in the Member.

2024 APR -2 PM 1:04  
FILED  
ALABAMA SECRETARY OF STATE

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated April 1

2024

DocuSigned by:

Edward V. Dardani, Jr.

81E28AE1208472

Signature of a member or authorized representative of a member

Edward V. Dardani

Typed or printed name of signee

Filing Fee: \$25.00

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