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COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT: SCR & She	er Meral LLC		
SUBJECT:		ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Sokol Dulovi	M CD	
		Name of Person	
	SCR & Sheet Metal LLC		
		Firm/Company	
	9954 Watermill Cir A		
	77,74 Waterinin Cin 74	Address	
	Boynton Beach, FL 33437		
		City/State and Zip Code	
	Admin@southcounty-roofin	ng.com to be used for future annual report not	(figurion)
			meanon;
For further information co	oncerning this matter, please co	all:	
Sokol Dulovi		at (561) 452-2129	
Name of	Person		e Telephone Number
Enclosed is a check for th	e 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 Address	s:	Street Address:	
Registration S		Registration Se	
Division of C	orporations	Division of Cor	rporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SCR & Sheet Metal LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our recor Liability Company)	<u>'ds.</u>)
he Articles of Organization for this Limited Liability Compan	y were filed on 11/29/2022	and assigned
lorida document number 1.22000502730		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lia	bility company here:	
reasure Coast Roofing & Sheet Metal LLC		
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LL	35 U 10
Inter new principal offices address, if applicable:		4 SE
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		10-
B. If amending the registered agent and/or registered office gent and/or the new registered office address here: Name of New Registered Agent:	address on our records, ente	r the name of the new reg
N. D. ' . 1/207 A 11		
New Registered Office Address:	Enter Florida street addre	288
	. F	lorida
	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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
		man participation of the control of	□Add
			□Remove
			☐ Change
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	mation, enter change(s) here: (Attach additional sheets, if necessary.)
<u> </u>	
	
Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 s block does not meet the applicable statutory filing requirements, this date will not be listed as th
ne record specifies a delayed effect ord is filed.	ctive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated 09/04	. 2024
	Signature of a member or authorized representative of a member
	Signature of a memory of authorized representative of a memor