

**M21000007607**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.**

((H21000425319 3)))



H210004253193ABC.

**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 : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (561)694-8107  
Fax Number : (561)214-8442

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

Email Address: \_\_\_\_\_

2021 NOV 17 PM 2:18

21 NOV 17 AM 11:50

21 NOV 17 AM 11:50

FILED

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
STORAGE CAP CONSTRUCTION MANAGEMENT, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$25.00

# 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: Storage Cap Construction Management, LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M121000007607

3. Jurisdiction of its organization: Nevada

4. Date authorized to do business in Florida: June 17, 2021

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

5. New name of the limited liability company: SCCM, LLC  
(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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_  
*Enter Florida Street Address*

\_\_\_\_\_  
City Florida 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

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

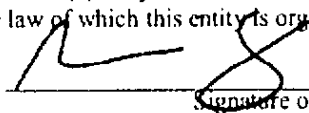
\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<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

Robert Consalvo

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**

**BARBARA K. CEGAVSKE**  
*Secretary of State*

**KIMBERLEY PERONDI**  
*Deputy Secretary for  
Commercial Recordings*

**STATE OF NEVADA**



**OFFICE OF THE  
SECRETARY OF STATE**

*Commercial Recordings Division  
202 N. Carson Street  
Carson City, NV 89701  
Telephone (775) 684-5708  
Fax (775) 684-7138  
North Las Vegas City Hall  
2250 Las Vegas Blvd North, Suite 400  
North Las Vegas, NV 89030  
Telephone (702) 486-2880  
Fax (702) 486-2888*

**Business Entity - Filing Acknowledgement**

10/04/2021

**Work Order Item Number:** W2021100400429-1626630  
**Filing Number:** 20211798052  
**Filing Type:** Amendment to Articles of Organization  
**Filing Date/Time:** 9/29/2021 11:28:00 AM  
**Filing Page(s):** 2

**Indexed Entity Information:**

**Entity ID:** E7981192020-7      **Entity Name:** SCCM, LLC  
**Entity Status:** Active      **Expiration Date:** None

Commercial Registered Agent  
CORPORATE CREATIONS NETWORK INC.  
8275 SOUTH EASTERN AVENUE #200, Las Vegas, NV 89123, USA

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,



**BARBARA K. CEGAVSKE**  
Secretary of State



**BARBARA K. CEGAVSKE**  
 Secretary of State  
 202 North Carson Street  
 Carson City, Nevada 89701-4201  
 (775) 684-5708  
 Website: www.nvsos.gov

Filed in the Office of <i>Barbara K. Cegavske</i>	Business Number E7981192020-7
Secretary of State State Of Nevada	Filing Number 20211798052
	Filed On 9/29/2021 11:28:00 A.M
	Number of Pages 2

**Limited-Liability Company:**  
**Certificate of Amendment** (PURSUANT TO NRS 86.216, 86.221 and 86.543)  
**Certificate to Accompany Restated Articles or Amended and Restated Articles** (PURSUANT TO NRS 86.221)

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGHLIGHT

<b>1. Entity information:</b>	Name of entity as on file with the Nevada Secretary of State: <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Storage Cap Construction Management, LLC</div> Entity or Nevada Business Identification Number (NVID): <div style="border: 1px solid black; padding: 2px; margin-left: 10px;">E7981192020-7</div>
<b>2. Restated or Amended and Restated Articles</b> (Select one):  (If restating or amending and restating, complete section 1, 2, 3, 5 and 6.)	<input type="checkbox"/> <b>Certificate to Accompany Restated Articles or Amended and Restated Articles</b>  <input type="checkbox"/> Articles have been Restated  <input type="checkbox"/> Articles have been Amended and Restated  * Restated or Amended and Restated articles must be included with this filing type.
<b>3. Type of amendment filing being completed:</b> (Select only one box):  (If amending, complete section 1, 3, 5 and 6.)	<input type="checkbox"/> <b>Certificate of Amendment to Articles of Organization For a Nevada Limited-Liability Company Before Issuance of Member's Interest</b> (Pursuant to NRS 86.216)  The signers thereof are at least two-thirds of the <input type="checkbox"/> organizers or the <input type="checkbox"/> managers of the limited-liability company  As of the date of the certificate, no member's interest in the limited-liability company has been issued.  <input checked="" type="checkbox"/> <b>Certificate of Amendment to Articles of Organization For a Nevada Limited-Liability Company</b> (Pursuant to NRS 86.221)  The limited-liability company is managed by <input checked="" type="checkbox"/> Managers or <input type="checkbox"/> Members  The certificate of amendment must be signed by a manager of the company or, if management is not vested in a manager, by a member.  <input type="checkbox"/> <b>Amendment to Application for Registration of a Foreign Limited-Liability Company</b> (Pursuant to NRS Chapter 86)  Name of Foreign Limited-Liability Company if different than registered to transact business in Nevada: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>  If amendment is to change the name, the change taking effect: (select all that apply) <input type="checkbox"/> The name under which Limited-Liability Company transacts business in this State <input type="checkbox"/> Foreign Limited-Liability Company name from home jurisdiction

This form must be accompanied by appropriate fees.



BARBARA K. CEGAUSKE  
Secretary of State  
202 North Carson Street  
Carson City, Nevada 89701-4201  
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**Limited-Liability Company:**  
**Certificate of Amendment** (PURSUANT TO NRS 86.216, 86.221 & 86.543)  
**Certificate to Accompany Restated Articles or Amended and Restated Articles** (PURSUANT TO NRS 86.221)

4. Effective date and time: (Optional)      Date: [ ]      Time: [ ]  
(must not be later than 90 days after the certificate is filed)

5. Information being changed:      Changes to takes the following effect:

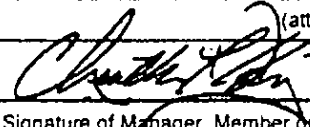
- The entity name has been amended.
- The registered agent has been changed. (attach Certificate of Acceptance from new registered agent)
- The purpose of the entity has been amended.
- The directors, managers or general partners have been amended.
- IRS tax language has been added.
- Articles have been added.
- Articles have been deleted.
- Other.

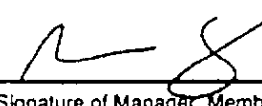
The articles have been amended as follows: (provide article numbers, if available)

1. The entity name is hereby amended from Storage Cap Construction Management, LLC to SCCM, LLC

(attach additional page(s) if necessary)

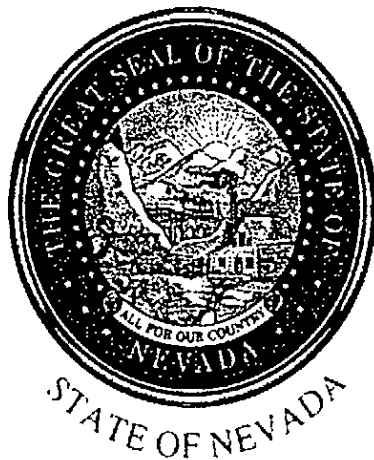
6. Signature: (Required)

X  \_\_\_\_\_      Manager      Title  
Signature of Manager, Member or Authorized Signer

X  \_\_\_\_\_      Manager      Title  
Signature of Manager, Member or Authorized Signer

Please include any required or optional information in space below:  
(attach additional page(s) if necessary)

# SECRETARY OF STATE



## NEVADA STATE BUSINESS LICENSE

**SCCM, LLC**

**Nevada Business Identification # NV20201844804**

**Expiration Date: 07/31/2022**

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.

Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.

**License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.**

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 10/04/2021.



Certificate Number: B202110042042850

You may verify this certificate online at <http://www.nvsos.gov>

**BARBARA K. CEGAVSKE**  
Secretary of State