

L18000221724

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

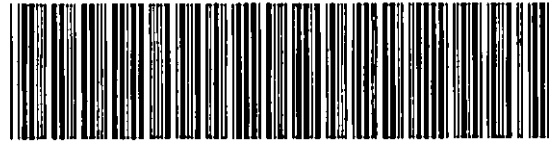
(Business Entity Name)

(Document Number)

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1. The first is the fact that the system is not a simple one. It is a complex system with many interacting components. The system is not a simple one. It is a complex system with many interacting components.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2022 AUG 22 AM 8:29

J DENNIS

NOV 07 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SCALIA LLC

SUBJECT: _____
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:

SALVATORE SCALIA

Name of Person

Scalia LLC.

Firm/Company

7862 SW 67 CT

Address

MIAMI, FL 33143

City/State and Zip Code

sal.scal@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SALVATORE SCALIA

305 216-6308

Name of Person

at (_____) _____
Area Code

Daytime Telephone Number

Enclosed is a check for 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 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

If Changing Registered Agent, Signature of New Registered Agent

[illegible]

[illegible]

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.

Dated Aug. 18, 1964

SALVATORE SCALIA

Typed or printed name of signee