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COVER LETTER

TO:	Registration Se Division of Cor			
		. SCALIA LLC	,	,
SUBJ	ECT:			
		Name of Lim	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		SALVATORE SCALIA		
			Name of Person	
		Scalia LLC.		
			Firm/Company	
		7862 SW 67 CΓ		
			Address	
		MIAMI, FL 33143		
		sal.scal@yahoo.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report noti	fication)
For fu	rther information co	oncerning this matter, please c	all:	
SALV	ATORE SCALIA		305 216-6308	
		71 = 1	at ()	
	Name of	`Person	Area Code Daytim	e Telephone Number
Enclos	sed is a check for th	e following amount:		
≅ \$2	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Scalia LLC.

(Name of the Limited	<mark>d Liability Company as</mark> A Florida Limited Liabil	it now appears on our ity Company)	records.)
The Articles of Organization for this Limited Lia	bility Company wer	e filed on	and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability	company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liability C	ompany," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:		
Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE B	<u> </u>		
B. If amending the registered agent and/or registered office address		ess on our records,	enter the name of the new registere
Name of New Registered Agent:	• •		
New Registered Office Address:			
recording the records.		Enter Florida street	address
			, Florida Zip Code
		City	Zip Code
New Registered Agent's Signature, if changing Re	egistered Agent:		
hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing of the company has been notified in writing the company has been notified in the company has been	r and complete pery tered agent as prov egistered office add	formance of my duti ided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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
Vice President	Macarena L.Scalia	7862 SW 67 CT SOUTH MIAMI, FL 33143	<mark>3</mark> X IAdd
			_ □Remove
			_ Change
			_ 🗆 Add
			_ □Remove
			_
			□Add
			_ □Remove
			_ Change
			_ 🗆 Add
			_ □Remove
			□Change
			_ 🗆 Add
			Remove
			Change
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ii amenum	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
 .	
	
Effective d	ate, if other than the date of filing: (optional)
If an effective Note: If the	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 and date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records.
e record sper	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ra is meu.	
Dated	Aug. 18 . 2022 (
	\times
_	Signature of a member or authorized representative of a member
	SALVATORE SCALIA Typed or printed name of signee

Filing Fee: \$25.00