

Division of Corporations

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**L19000200017**

**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 : E & F LATIN GROUP LLC  
Account Number : 120160000049  
Phone : (954) 384-8565  
Fax Number : (954) 385-5175

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

Email Address: Office@eflatinaccounting.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SCOLA INVESTMENTS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

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2019 OCT -9 AM 11:18

2019 OCT -9 PM 7:07

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SCOLA INVESTMENTS 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:

DIEGO FIGUEROA

\_\_\_\_\_  
Name of Person

E & FLATIN GROUP LLC

\_\_\_\_\_  
Firm/Company

1829 N CORPORATE LAKES BLVD SUITE 109

\_\_\_\_\_  
Address

WESTON, FL 33326

\_\_\_\_\_  
City/State and Zip Code

diego@etflatinaaccounting.com

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

For further information concerning this matter, please call:

DIEGO FIGUEROA

\_\_\_\_\_  
Name of Person

at (954)

\_\_\_\_\_  
Area Code

384 8565

\_\_\_\_\_  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clinton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

19 OCT -9 PM 7:02  
TALLAHASSEE, FLORIDA

SCOLA INVESTMENTS LLC

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

The Articles of Organization for this Limited Liability Company were filed on 08/06/2019 and assigned  
Florida document number L19000200017

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 "LLC."

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*

*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**

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>
MGR	SCOVINO, SILVIA	13907 SUNTERRA DR	<input type="checkbox"/> Add
		LAND O LAKES, FL 34638	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

19 OCT 10 PM 7:07  
 10/10/2019 7:07 PM  
 10/10/2019 7:07 PM

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

N/A

1905-9 PH 7:0-

**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 OCTOBER 09, 2019

Signature of a member of authorized representative of \_\_\_\_\_

Signature of a member or authorized representative of a member

DIEGO FIGUEROA - Registered Agent

Typed or printed name of signee