L22000138095

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
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COVER LETTER

TO:

Tallahassee, FL 32314

TO:	Registratio Division of	n Section Corporations		
oun ma		A GROUP LLC		
SUBJEC	-I: <u> </u>	Name of Limite	d Liability Company	
The encl	osed Article	s of Amendment and fee(s) are subm	itted for filing.	
Please re	eturn all corr	espondence concerning this matter to	the following:	
		SHAKHBAN MAGOMEDO)V	
			Name of Person	
		SKALA GROUP LLC		
			Firm/Company	
		301 GOLDEN ISLES DR 50	06	
			Address	
		HALLANDALE BEACH, F	TL 33009	
			City/State and Zip Code	
		info@miaccounting.us E-mail address: (to	be used for future annual report notif	leation)
	white	on concerning this matter, please call Magned me of Person	lov _{ar} 305,610-0	27-04 e Telephone Number
Enclosed	d is a check	for the following amount:		
■ \$25	.00 Filing Fc	ce S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
		on Section of Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

SKALA GROUP LLC

2022 MAY -2 AM 9: 01

(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 $\frac{03/21/2022}{1}$ and assigned Florida document number L22000138095 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 registere agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

Cin

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ZAIRA RABADANOVA	301 GOLDEN ISLES DR 506	= Add
		HALLANDALE BEACH, FL 33009	□Remove
			□Change
			🗆 Add
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ffective date i	f other than the	date of filing:			(option	ıal)	
an effective date in ote: If the date	s listed, the date must	be specific and c ock does not me	annot be prior to eet the applicabl	date of filing or more e statutory filing re	than 90 days after fi	ling.) Pursuant to 605.0 late will not be listed)207 I as (
record specifies Lis filed.	a delayed effective	e date, but not a	n effective time	, at 12:01 a.m. on	the earlier of: (b)	The 90th day after (the
			2022				
21 April				•			
ated 21 April	Med						
rated 21 April	Med	Signature of a mo	ember or authoriz	ed representative of	a member		