L22000268114

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COVER LETTER

Division of Co	rporations		
The Law C	Offices of Michel Scala, PLLC		
SUBJECT:	Name of Lin	tited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Michel Scala		
		Name of Person	
	The Law Offices of Miche	l Scala	
		Firm/Company	
	1010 Vineland Road		
		Address	
	Winter Garden, FL 34787		
		City/State and Zip Code	
	michel@attorneymichelsea	la.com to be used for future annual report notit	ication)
For further information of	concerning this matter, please c		.euw.n,
Michel Scala		321 3034539	
Name (of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addre</u> Registration		Street Address: Registration Sec	ction

Division of Corporations P.O. Box 6327

Registration Section

TO:

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Law Offices of Michel Scala, PLLC (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 $\frac{6/13/2022}{1}$ ____ and assigned Florida document number $\underline{L}^{22000268114}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: AIM 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

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>	Address	Type of Action
MGR	Michel Scala	732 Garden West Terrace	
		Winter Garden, FL, 34787	
			Change
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			□Remove
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ote: If the date in	other than the date of isted, the date must be speci iserted in this block does re date on the Departme	s not meet the app	olicable statutory fili	(option more than 90 days after ti ng requirements, this o	ial) ling.) Pursuant to 605.0 date will not be listed	1207 (3) Las the
record specifies a is filed.	delayed effective date, h	out not an effectiv	e time, at 12:01 a.m	on the earlier of: (b)	The 90th day after t	the
nted 1 S	eptember	202 Minhel .	<u>3</u> .			

Filing Fee: \$25.00