

11/26/24, 3:09 PM

Division of Corporations

L24000016541  
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 : PS KIS LLC  
Account Number : 120240000110  
Phone : (407)707-4914  
Fax Number : (407)337-8957

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

Email Address: contact@kisconsult.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ESCALE GROUP LLC

Certificate of Status	0
Certified Copy	0
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M. SOLOMON  
NOV 26 2024

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

H240003927953

TO: Registration Section  
Division of Corporations

SUBJECT: ESCALE GROUP 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:

MARCUS SEGNINI  
Name of Person  
PS KIS LLC  
Firm/Company  
5401 S KIRKMAN RD STE 560  
Address  
ORLANDO, FL 32819  
City/State and Zip Code  
CONTACT@KISCONSULT.COM  
E-mail address: (to be used for future annual report notification)

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2024 NOV 26 PM 4:37  
SECRETARY OF STATE  
TALLAHASSEE, FL

For further information concerning this matter, please call:

MARCUS SEGNINI 407 7074916  
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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H240003927953

ESCALE GROUP 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 01/05/2024 and assigned  
Florida document number L24000016541.

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 "L.L.C."

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)

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2024 NOV 26 PM 4:37  
CLERK OF CIRCUIT COURT  
JASSEL FL

**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: PS KIS LLC

New Registered Office Address: 5401 S KIRKMAN RD STE 560  
Enter Florida street address

ORLANDO, Florida 32819  
City 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.*

Marcus Segnini  
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:

H240003927953

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	SCALI LOURENCO, HENRIQUE	12614 CHARMED DR	<input type="checkbox"/> Add
		WINTER GARDEN, FL 34787	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	PEDRESCHI RODRIGUEZ, SIMC	12614 CHARMED DR	<input type="checkbox"/> Add
		WINTER GARDEN, FL 34787	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

2024 NOV 26 PM 4:37  
STATE  
TALLAHASSEE, FL

**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 NOVEMBER 26 2024

Herrigua, Lawrence  
Signature of a member or authorized representative of a member

HENRIQUE SCALI LOURENCO

Typed or printed name of signee

**Filing Fee: \$25.00**