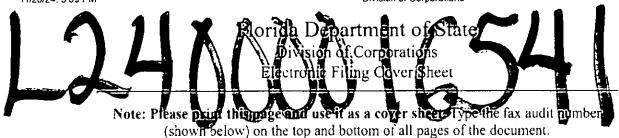
11/26/24, 3 09 PM

Nov 26, 2024 15:24 (U1C-05)

Division of Corporations



(((H24000392795 3)))



H240003927953ABC8

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : PS KIS LLC

Account Number : I20240000110

: (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.**

mail	Address:	contact@kisconsult.com	

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

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

M. SOLOMON

NOV 2 6 2024

Electronic Filing Menu

Corporate Filing Menu

Help

H240003927953

TO: Registration S Division of Co					
	GROUP LLC				
SUBJECT:	Name of Lin	nited Liability Company			
	Amendment and fee(s) are sub				
	MARCUS SEGNINI				
Name of Person					
PS KIS LLC					
Firm/Company					
5401 S KIRKMAN RD STE 560					
ORLANDO, FL 32819				2024 SEC	
				2024 NOV	6 g g
City/State and Zip Code				26	स्टाम्बर-सम् इ
CONTACT@KISCONSULT.COM					
For further information	h-mail address: concerning this matter, please c	to be used for future annual report notific	cation)	PH 4: 37	
	concerning this matter, prease c			37	
MARCUS SEGNINI		407 7074916 at ()			
Name (of Person	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)	Certified C	of Status &	
Mailing Addre	Section	Street Address: Registration Sect			

COVER LETTER

Registration Section Division of Corporations P.O. Box 6327 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

H240003927953

To: +18506176383

ESCALE GROUP LLC				_	
(Name of the Lin	ited Linbility Company (A Florida Limited Liab	as it now appears on our recollity Company)	ords.)	_	
The Articles of Organization for this Limited	Liability Company we	ere filed on 01/05/2024	and	assigne	ed.
Florida document number L24000016541	·				
This amendment is submitted to amend the fo	llowing:				
A. If amending name, enter the new name	of the limited liabilit	v company here:			
The new name must be distinguishable and contain the	words "Limited Liability	Company," the designation "I	,LC" or the abbreviation	"L.L.C.	
Enter new principal offices address, if applicable:				~	
(Principal office address MUST BE A STREET ADDRESS)				124	
			<u> </u>	8	<u> </u>
	_			26	Arear.
Enter new mailing address if annicable			\widetilde{m}_{in}	_	₽ 4 ⁻ 377
	- - POV)		in in	<u> </u>	
(Mailing address MAY BE A POST OFFICE	<u>- BUA)</u>			 .	<u> </u>
	-	<u> </u>	<u> </u>	~~	
		dress on our records, <u>en</u> t	er the name of the	new re	gistere
Name of New Registered Agent:	PS KIS LLC				
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:					
		Enter Florida street ad:	iress		
	ORLANDO		Florida 32819		
		City	Zin Co	de	· · · ·

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, Signatury 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

Nov 26, 2024 15:24 (UTC-05)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	SCALI LOURENCO, HENRIQUE	12614 CHARMED DR	
		WINTER GARDEN, FL 34787	□Remove
			= Change
AMBR	PEDRESCHI RODRIGUEZ, SIMC	12614 CHARMED DR	□Add
		WINTER GARDEN, FL 34787	□Remove
			■Change
			Change PH
			☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change

H240003927953

			••	
				· -
				
 				
	<u> </u>			
			-150	201
		-		AON 4202
			<u> -: </u>	N :
			"	<u>6</u>
			LL 1	공 등 《
			프로 (ஈ ယ
			11,	-
				_
	be specific and cannot be prior to date of fili ick does not meet the applicable statutor			
	1	l a.m. on the earlier of: (b) The	: 90th day a	after the
record specifies a delayed effective	date, but not an effective time, at 12:0			
record specifies a delayed effective of is filed. NOVEMBER 26				

Filing Fee: \$25.00