## P17000072171

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #	<i>t</i> )
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	)
(Do	cument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
		-
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Office Use Only



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## COVER LETTER ...

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION: Scola Enterprises. INC DOCUMENT NUMBER: P17000072171	
DOCUMENT NUMBER: \$\frac{\rho 17000072171}{\rho}\$	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Michael Scola Name of Contact Person	
910 Fronwood Ct.	
MARCO Island, FL 34145	
City/ State and Zip Code  Michael Scola eme. Com  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Michael Scola at (239) 207-189  Name of Contact Person Area Code & Daytime Telephone Number	_
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status  (Additional copy is enclosed)  Certificate of Status  (Additional Copy is enclosed)	
Mailing Address Street Address	
Amendment Section Amendment Section	
Division of Corporations P.O. Box 6327  Division of Corporations Clifton Building	
Tallahassee, FL 32314 2661 Executive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

FILED

2019 JAN 11 PM 6: 08

Scola Enterprises INC SECTION (Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known)

. If amending name, enter the new nan	ne of the corporation:		
			The new
ame must be distinguishable and conta Corp.," "Inc.," or Co.," or the designat ord "chartered," "professional association	tion "Corp," "Inc," or "Co". A pro	iny," or "incorporated" or ofessional corporation name	the abbreviation
Enter new principal office address, if	applicable:		
Principal office address MUST BE A STI			
			<del></del>
Enter new mailing address, if applica			
(Mailing address MAY BE A POST O	FFICE BOX		<del></del>
. If amending the registered agent and	ton registered office address in Flori	ide anter the name of the	
new registered agent and/or the new	registered office address:	da, enter the name of the	
Name of New Registered Agent	Michael	Scola	
	910 From wood	Ct.	<del></del> _
-	(Florida street address)	1	
New Registered Office Address:	Marco Islan	. Florida	3414
New Registered Office Hadress.	(City)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Zip Code)
		ent the obligations of the po	sition.
		rept the obligations of the po	sition.
ew Registered Agent's Signature, if ch: hereby accept the appointment as register		rept the obligations of the po	sition.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:		y,	
X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name Address	
1) Change	P	MARCO SCOLA	
Add Remove		910 Ironwood Court Marco Island, FL 34145	
2) Change Add	<u>T</u>	Rosa Scola 910 Francood Ct MARCO Island, FL	
Remove 3) Change Add	S	Danielle Scola 910 Ironwood Gt. MARCO Island FL 34M	45
Remove  4) Change Add	P	Michael Scola 910 Ironwood Ct. Marco Island, FL 34H	45
Remove  51 Change  Add Remove	T	Michael Scola 910 Fronwood Ct. MARCO Island FL 34145	
6) Change Add Remove	S	Michael Scola 910 Ironwood cts Maeco Irland, Fr 34145	<b>L</b>

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)			
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			<u> </u>	<u> </u>
f an amendment provides for an exch	ange, reclassification	, or cancellation o	f issued shares,	
provisions for implementing the ame	ndment if not contain	ed in the amendm	ent itself:	
(if not applicable, indicate N/A)				
			<del></del>	
·				
			<del></del>	
30 - Marie 1				

	option: , if other than the
The date of each amendment(s) addate this document was signed.	option:, if other than the
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder
Dated	1-08-19
Signature	Musta
selected	rector, president or other officer – it directors or officers have not been I, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	(Title of person signing)
	MARCO SCOLA 910 Ironwood Court
	Marco Island, FL 34145