

P200000 49649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

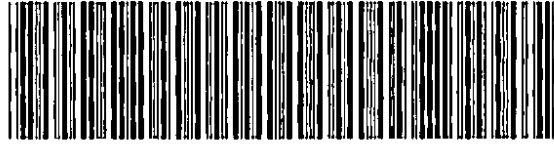
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/23/20--01010--022 ++25.00

01/28/21--01018--004 ++18.00

S TALLENT

FEB 10 2021

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2021 JAN 19 PM 4:25



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 17, 2020

MARIA C BALAREZO
SCALES PLUS INC.
1200 SW 137TH AVE. APT. 313E
PEMBROKE PINES, FL 33027

SUBJECT: SCALES PLUS INC.
Ref. Number: P20000049649

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a LIMITED LIABILITY COMPANY, but your entity is a FLORIDA PROFIT CORPORATION. Please complete and return the enclosed blank form(s). There is an additional filing fee of \$10.00 still due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 320A00021825



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 2, 2020

MARIA C BALAREZO
SCALES PLUS INC.
1200 SW 127TH AVE. APT. 313E
PEMBROKE PINES, FL 33027

SUBJECT: SCALES PLUS INC.
Ref. Number: P20000049649

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Susan Tallent
Regulatory Specialist II

Letter Number: 320A00021825

COVER LETTER

: Amendment Section
Division of Corporations

NAME OF CORPORATION: SCALES PLUS, Inc.

DOCUMENT NUMBER: P20000049649

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

VICTOR ACURIO
Name of Contact Person

SCALES PLUS, INC.
Firm/ Company

1200 SW 137th Ave Apt 313 E
Address

PEMBROKE PINES, FL 33027
City/ State and Zip Code

victor@scalesplususa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Victor Acurio at (954) 559-9958
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
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

pending 10 usd

Articles of Amendment
to
Articles of Incorporation
of

(Name of Corporation as currently filed with the Florida Dept. of State)

SCALEX PWS INC (P20000049649)

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to Articles of Incorporation:

If amending name, enter the new name of the corporation:

N/A. The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

N/A.

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

N/A.

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If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:


Name of New Registered Agent VICTOR ALVARO

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



Signature of New Registered Agent, if changing

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

removing 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:

(Use each additional sheet, if necessary)
 Please use the following abbreviations for officer/director titles 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.
 Example: 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:
 Change PT John Doe
 Remove V Mike Jones
 Add SV Sally Smith

Type of Action (check One)	Title	Name	Address
<input type="checkbox"/> Change	<u>D</u>	<u>VICTOR ALVARIO</u>	<u>1200 SW 137th Ave Apt 313 E</u>
<input checked="" type="checkbox"/> Add			<u>Pembroke Pines, FL 33027</u>
<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			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
<input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

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.

Option of Amendment(s) **(CHECK ONE)**

The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

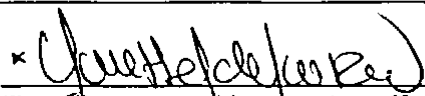
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for 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)

Dated 01 / 11 / 2021

Signature 
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

YVETTE SALGADO
(Typed or printed name of person signing)

CFO
(Title of person signing)