L21 000187578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

03/23

C.K. Attached

Office Use Only

300374738543

04/07/22--01035--001 **25.00

FILED
2022 MAR 23 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FL

A. BUTLER

APR 18 2022

RECEIVED

2022 MAR 23 AM 7:56

SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Shalom Studio 7 & Day Spa
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ilsa I. Aldea
Name of Person

Firm/Company

2854 Mosshire Circle
Address

St. Cloud Fl 34772
City/State and Zip Code

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

For further information concerning this matter, please call:

Ilsa I. Aldea at (689.) 200-2940
Name of Person Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

☒ $25 Filing Fee ☐ $30 Filing Fee & Certificate of Status ☐ $55 Filing Fee & Certified Copy ☐ $60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

FILED
2022 MAR 23 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FL

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: Florida

Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS) 3437 13TH Street
St. Cloud FL 34769

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

2. The Florida document number of this limited liability company is: L21000187578

3. Jurisdiction of its organization:

4. Date authorized to do business in Florida: 4/22/2021

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company:
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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

, **Florida**
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.

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

_____

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Change MGR Luis J. Rios to Ilsa I. Aldea.

Title/ Capacity	Name	Address	Type of Action
MGR	Ilsa I. Aldea	2854 Mosshire Circle St. Cloud Fl 34772	☒Add
		Luis J. Rios	☒Remove
			☐Add
			☐Remove
			☐Add
			☐Remove
			☐Add
			☐Remove
			☐Add
			☐Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

L. J. R.

Signature of the authorized representative

Luis J. Rios

Typed or printed name of signee

Filing Fee: $25.00

Ron DeSantis, Governor

Julie I. Brown, Secretary

Florida dbpr

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

BOARD OF COSMETOLOGY

THE COSMETOLOGY SALON HEREIN IS LICENSED UNDER THE PROVISIONS OF CHAPTER 477, FLORIDA STATUTES

SHALOM STUDIO 7 & DAY SPA LLC

ILSA ALDEA
3437 13TH STREET
SAINT CLOUD FL 34769

LICENSE NUMBER: CE10028567

EXPIRATION DATE: NOVEMBER 30, 2022

Always verify licenses online at MyFloridaLicense.com

Do not alter this document in any form.

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