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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: R SALON & SPA	INC			
	BER: P09000029895				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
	LIVAN PAMPILLO				
		Name of Contact Persor			
	SMART ACCOUNTING SC	DLUTIONS INC			
		Firm/ Company		_	
	6009 S ORANGE AVE UNI	T 6021A			
		Address		_	
	ORLANDO, FL 32809				
		City/ State and Zip Code	3	_	
4SMART.ACCOUNTING@GMAIL.COM					
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
LIVAN PAMPILLO		at (<u>407</u>	_) 203-4593		
Name	of Contact Person		de & Daytime Telephone Nun	aber ()	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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)	(1) (2) (3) (4) (4)	
Am Div P.C	illing Address tendment Section rision of Corporations b. Box 6327 lahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section in of Corporations entre of Tallahassee V. Monroe Street, Suite 810 assee, FL 32303	ı	

Articles of Amendment to Articles of Incorporation of

R SALON & SPA INC

(Name o	of Corporation as current	tly filed with the Florida l	Dept. of State)		
P09000029895			, , , , , , , , , , , , , , , , , , ,		
	(Document Number of	of Corporation (if known)	· · · ·		
Pursuant to the provisions of section 607, its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporatio	on adopts the following	ig amendme	ent(s) to
A. If amending name, enter the new name, N/A	ame of the corporation:				
				_The new	
name must be distinguishable and contain "Inc.," or Co.," or the designation "Cartered," "professional association."	Corp," "Inc," or "Co".	A professional corporation	ted" or the abbreviati on name must contai	on "Corp.," in the word	1
		N/A			
B. Enter new principal office address, (Principal office address MUST BE A S					
(Trincipal office dadress MOST 192 AS	TREET ADDRESS)				
C. Enter new mailing address, if appl	icable:	N/A			
(Mailing address MAY BE A POST	<u>OFFICE BOX</u>)				
				; }	
				7.7	
D. If amending the registered agent ar	nd/or registered office add	fress in Florida, enter the	name of the	、)	
new registered agent and/or the new				- '	
Name of New Registered Agent	N/A			43	ز ۔۔
Name of the wind the wind the wind the			,	- : :	
	. 171		•		
		reet address)			
New Registered Office Address:	N/A		, Florida		
		(City)	(Zip	Code)	
Non-Postanos de Company de la					
New Registered Agent's Signature, if c I hereby accept the appointment as regist			itions of the position.		
- · · · · · · · · · · · · · · · · · · ·					
	Signature of New I	Registered Agent, if changi	ing	_	
Charles of a mark and la					

Check if applicable

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

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:

X Change	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jone	<u>es</u>	
X Add	<u>sv</u>	Sally Smi	i <u>th</u>	
Type of Action (Check One)	<u>Title</u>	1	<u>Name</u>	<u>Addres</u> s
1) Change	VP		GONGORE, JUANA F	518 S SEMORAN BLVD
Add				ORLANDO, FL 32822
X Remove				
2) Change				
Add				
Remove 3) Change				
Add				
Remove			,	11.
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

(Attac	ending or adding additional Articles, enter change(s) here: h additional sheets, if necessary). (Be specific)	
i/A		
		
_		
		
		_
<u>lfan</u>	amendment provides for an exchange, reclassification, or cancellation of issued shares, isions for implementing the amendment if not contained in the amendment itself:	
<u> </u>	if not applicable, indicate N/A)	
!/A		
		 -

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	SEPTEMBER 13 2022	
The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
	PTEMBER 13 2022	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 50 days after amenament fire actes)	
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this epartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder ac	ction and shareholder
☐ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes east for the amendmental ficient for approval.	nt(s)
	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
· · · · · · · · · · · · · · · · · · ·	(voting group)	
SEDTEME	BER 13 2022	
Dated		
Signature //	γ	
C By a	irector, president or other officer - if directors or officers have not bee	n
	d, by an incorporator - if in the hands of a receiver, trustee, or other co	ourt
. appoin	ted fiduciary by that fiduciary)	
	OMAYRA M TORRES	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	