

P220000058736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

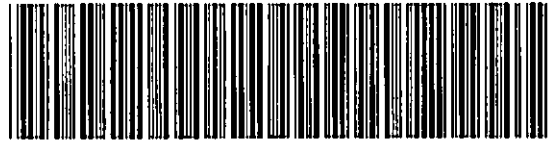
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SHALOM MANAGEMENT CORP
Name of Corporation

DOCUMENT NUMBER: P22000058736

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lisandra Fernandez

Name of Contact Person

Firm/Company

16370 NW 88 PATH

Address

MIAMI LAKES, FL 33018

City/State and Zip Code

lisandralisandra2019@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisandra Fernandez at (786) 656-3323

Name of Contact Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

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

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ARTICLES OF CORRECTION

For

SHALOM MANAGEMENT CORP

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

P22000058736

Document Number (if known)

Pursuant to the provisions of Section 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct ARTICLE VII
(Document Type Being Corrected)

filed with the Department of State on FLORIDA
(File Date of Document)

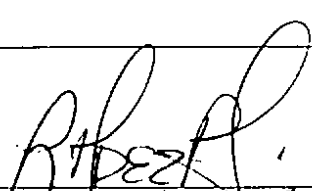
Specify the inaccuracy, incorrect statement, or defect:

LAST NAME OF PRESIDNET

CORRECT LAST NAME IS FERNANDEZ (one E)

Correct the inaccuracy, incorrect statement, or defect:

FERNANDEZ


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

LISANDRA FERNANDEZ

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35.00

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TALLAHASSEE, FL