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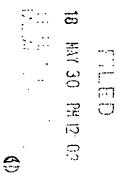
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(Add	dress)	
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(City	//State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
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(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

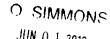
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COVER LETTER '

		COVER LETTER	
TO: Registration S Division of Co			
SUBJECT: Heave	Name of Limi	SPALL C ted Liability Company	
The enclosed Articles o	Amendment and fee(s) are sub	nitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Name of Person	10
		Firm/Company	
	17498 Cinquez	Park Rd. E	
	Jupiter FL.	33458 City/State and Zip Code	
	bingbingbutter	1 6 yakoo Com	ication)
For further information	concerning this matter, please ca		
Brybing C. Name	Peranio of Person	at (<u>H61</u>) 667 7 Area Code Daytime	3 98 Telephone Number
Enclosed is a check for	the following amount:		
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Heavenly Foot Massa (Name of the Limit	9e SDQ L	LC	n our records.)	- P
	(A Florida Limited L	iability Company)		(9
The Articles of Organization for this Limited L Florida document number <u>L18 0001216</u>	iability Company (were filed on	115/2018	and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liabi	lity company here	:	
Divine day Spa LLC The new name must be distinguishable and contain the w			1 200 1	11 12 11 12 12
The new name must be distanguishable and contain the w	ords "Limited Liabili		-	
Enter new principal offices address, if applic	able:	17598 C	inquez Pa	alk Rd. B
(Principal office address MUST BE A STREE	TADDRESS)	Tupiter	FL.3	3458
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			
B. If amending the registered agent and registered agent and/or the new registered of	£,		our records, <u>ent</u>	er the name of the new
Name of New Registered Agent:	<u>Birdpi</u>	3	taniv	
New Registered Office Address:	17578 C	Influez Par	KRd.F	
	Jupiter	·	, Florida	33458
	•	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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
YMBR	Brighing C. Petanio	17598 Cinquez Park Rd. To	4 2 Add
	·	17598 Cinquez Park Rd. B Jupiter FL. 33458	Remove
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f the date inserted	than the date of file date must be specific in this block does not on the Department of	and cannot of meet the	e applicable statuto			
	delayed effective the record is file		but not an effec	ctive time, at 1	12:01 a.m. or	the ear
5/22/20	18	·	·			
	Lins C. T	Pran	wo			
Bing	Signature o	f a member	r or authorized repres	entative of a membe	:r	

Page 3 of 3

Filing Fee: \$25.00