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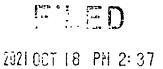
COVER LETTER

TO:	Registration Sec Division of Corp		• •	•
SUBJE		E BODY LOUNGE, LLC		۲
		Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub indence concerning this matter	-	
		JEAN C. REYES CARTA	GENA	
			Name of Person	
		D'VINE BODY LOUNGE	LLC	
			Firm/Company	
			Address	
		KISSIMMEE FL 34744		
		professional ble E-mail address:	City/State and Zip Code SSINASEV VICES (AV to be used for future annual report no life.)	nail. com
For furth	her information co	ncerning this matter, please ca	all:	
JEAN C	C. REYES CARTA	AGENA	787 366-5199	
	Name of	Person		Telephone Number
Enclose	d is a check for the	e following amount:		
□ \$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



	D'VINE BODY	LOUNGE LLC	TO LOUIS DESTATE
(Name of the Lim	ited Liability Compa (A Florida Limited l	ny as it now appear Liability Company)	s on our records.)
The Articles of Organization for this Limited I Florida document number	Liability Company	were filed on	OCTOBER 20, 2020 and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company he	<u>·re</u> :
	· - ···································		
The new name must be distinguishable and contain the			-
Enter new principal offices address, if appli		14522 LANDSTAR BLVD SUITES 103	
(Principal office address MUST BE A STRE)	<u>ET ADDRESS)</u>	ORLANDO, FL	32824
Enter new mailing address, if applicable:		14522 LANDSTAR BLVD	
(Mailing address MAY BE A POST OFFICE	BON)	SUITE 103	
		ORLANDO, FL 32824	
B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:	ess here:	eddress on our re	ecords, <u>enter the name of the new regis</u>
New Registered Office Address:	14522 LANDS	TAR BLVD SUIT	E 103
·		Enter Flor	ida street address
	ORLANDO		, Florida 32824 Zip Code
New Registered Agent's Signature, if changing	Degistered Lane	City	Zip Code
I hereby accept the appointment as register			

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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	SHARO I NEGRON	14522 LANDSTAR BLVD SUITE 103	□Add
		ORLANDO, FL 32824	■Remove
			□Change
AMBR	JEAN C. REYES CARTAGENA	14522 LANDSTAR BLVD SUITE 103	≅Add
		ORLANDO, FL 32824	□ Remove
			□Change
			□Add
			□ Remove
			□Add
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			□Change
			□Add
			Remove
			□ Change
			
			□Remove

Effective date, if other than the date of filing: SEPTEMBER 29, 2021 (optional) If an effective date is bited, the date must be specific and cannot be prior to date of filing or more than 90 days after tiling.) Pursuant to 805.0207 (3) Nate: 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. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated October 1 2021 Nignature of a member or authorized representative of a member	_	
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Signature of a member or authorized representative of a member	Dated _	Uctober 1/2021
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		inguished of a memory of additionated representative of a member

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