L22000261564

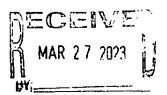
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
MAR 27 2023

Office Use Only

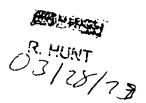


300405346843

03/28/23--01002--009 **60.00



14.05.20 by 15:21 15:21 Nd 82 and 0.00



COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: DEVINE PLEASURE SPAILLC			
Name of Foreign	Limited Liab	ility Con	ipany
Dear Sir or Madam:			
The enclosed application, certificate and fee(s) a	re submitted :	for filing.	
Please return all correspondence concerning this	matter to the	followin	g:
FLACA ALEXIS-DAŁCE			
Name of Person		-	
3175 S CONGRESS AVE SUITE 301			
Firm/Company		-	
Address		-	
PALM SPRINGS, FL 33461			
City/State and Zip Code		_	
DIVINEPLEASURESPA@GMAIL.COM			
E-mail address: (to be used for future annual r	eport notifica	tion)	
For further information concerning this matter, p	olease call:		
FLACA ALEXIS-DALCE	561 at (718-48	24
Name of Person	Area Code	& Dayti	me Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Division The Centre 2415 N	Idress: ation Section of Corporations atree of Tallahassee Amonroe Street, Suite 810 ssee, FL 32303
Enclosed is a check for the following a			[] #(O.D)!! #
□\$25 Filing Fee □ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Certified C		S60 Filing Fee, Certificate of Status &
CR2E055 (9/15)			Certified Copy

COVER LETTER

TO: Registration Se Division of Cor		.)	
SUBJECT:		USUI E Pa	CLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Debar	Name of Person Pegsure Fina/Company	Delce Spa. CC
	3/75	South Cu	ngres 5
	Divine ple asur - Sp E-mail address!	City/State and Zip Code City/State and Zip Code Code	otification) Springs, FC 33461
For further information c	oncerning this matter, please ca	all:	
Haca Name o		at (<u>561</u>) <u> </u>	nime Telephone Number
Enclosed is a check for th	ne 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 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

DOVINE PLE (Name of the Limited Liability (A Florida	ea Sure Spa UC Ity Company as it now appears on our records.) a Limited Liability Company)			
The Articles of Organization for this Limited Liability C Florida document number 2200 26156	Company were filed on June 8, 2022 and assigned			
This amendment is submitted to amend the following:				
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS ADDRES	RESS) 3/75 S Congress AV Sute			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3011 Pelm Spanes, FC 3346			
B. If amending the registered agent and/or registered office 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: 3	Taca Alexus - Dalce 175 9 Congress AV Suite 3311			
fa	Im Springs, Florida 33481 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 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>	Name	Address	Type of Action
			□Add
			Remove
			☐ Change
			□Add
			☐ Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			Remove
			□Change
			DAdd
			Remove
			[]Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: _ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: 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. If 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. Signature of a hember of authorized representative of a member Hexis Dales