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COVER LETTER

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TO: Registration So Division of Co				
OF UP 112 CHE	uxury Spa & Bodywork LLC			
SUBJECT: Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Migdalee Del Valle			
		Name of Person		
	D'valley Luxury Spa & Bo	dywork LLC		
		Firm/Company		
	8019 N Himes Ave Ste 50	0		
		Address		
	Tampa, FL 33614		2	
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code		
	dvalleyspa3@gmail.com			
	E-mail address: (to be used for future annual report noti	fication)	
For further information c	oncerning this matter, please c	all:		
Migdalee Del Valle		813 682-8750 at ()		
Name o	f Person		e Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	S30.00 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		Street Address:	ction	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D'valley Luxury Spa & Bodywork		now annow on our wasnet.	
(.Name of the Lim	(A Florida Limited Liability	now appears on our records.) Company)	
The Articles of Organization for this Limited I	Liability Company were f	iled on 7/22/2022	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability co	mpany here:	
The new name must be distinguishable and contain the	words "Limited Liability Com	pany," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STREET ADDRESS)			
	-		ιži
Enter new mailing address, if applicable:			<i>ت</i>
•		·	
Mailing address MAY BE A POST OFFICE	<u>BUX)</u>		· ·
	 -		<u> </u>
B. If amending the registered agent and/or agent and/or the new registered office addressed and/or the new Registered Agent:	· ·	s on our records, <u>enter the</u>	e name of the new regist
•	14522 Seaford Circle #	າດາ	
New Registered Office Address:	14322 Scatord Circle #	Enter Florida street address	
	7 7		22712
	Tampa	, Flori	da 33613
	Cir	y .	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

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			☐Remove
			Change
			ு □Change
			□Remove
			□Change
			□Add
			Remove
			□Change
		•	□Add
			□Remove
			□ Changa

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. Dated June 16 Signature of a member or authorized representative of a member Migdalee Del Valle

Filing Fee: \$25.00

Typed or printed name of signee