

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





12/28/28--01016--001 **55.00





COVER LETTER

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
D'Retreat S			
SUBJECT:	Name of Limit	ed Liability Company	-
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	DEIDRE GRAYBILL	_	
		Name of Person	
	D'RETREAT SPA LLC.		
		Firm/Company	
	6619 JOHN ALDEN WAY	•	
		Address	
	ORLANDO FLORIDA 32	2818	
		City/State and Zip Code	
	DRETREATSPA@GMAIL	.COM o be used for future annual rep	and notification)
For further information of	concerning this matter, please ca		Mit nome adony
DEIDRE GRAYBILL		407 276-3	2865
	of Person	at () Area Code	Daytime Telephone Number
Enclosed is a check for t	he 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)
M-98 4-3-3		Strant Add	rocc
Mailing Addre Registration		<u>Street Add</u> Registrat	ion Section
Division of C	Corporations		of Corporations re of Tallahassee
P.O. Box 632	L1	i ne Cent	ie of fahanassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D'RETREAT SPA LLC.		.
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability Considered to the Comment number	Company were filed on 11/27/2023	and assigned
Horida document number	<u> _</u> F	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		3
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		name of the new regis
		:
Name of New Registered Agent:		سد با اسم
		٤,
New Registered Office Address:	Enter Florida street address	
	, Floric	da
	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 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
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			Remove
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ective date, if other than the da	te of filing:		(optional	1)
effective date is listed, the date must be te: If the date inserted in this block	specific and cannot be prior does not meet the applic	to date of filing or me able statutory filing	re than 90 days after filing requirements, this dat	g.) Pursuant to 605.020 (e. will not be listed a
rument's effective date on the Depar	tment of State's records.	, , , , , , , , , , , , , , , , , , , ,		
cord specifies a delayed effective da s filed.	te, but not an effective ti	me, at 12:01 a.m. o	n the earlier of: (b) T	he 90th day after the
ed	, 2023	J., 11	li/	
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