

# L23000537479

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

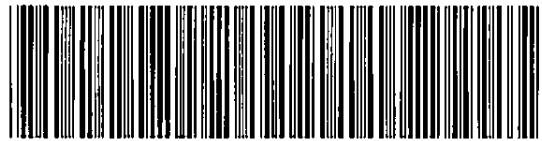
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2024 AUG 30 PM 2:43  
TALLAHASSEE, FLORIDA  
CLERK OF COURT

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Elite IV Spa LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ann S. Johnson, Esq

\_\_\_\_\_  
Name of Person

Dunlap & Moran PA

\_\_\_\_\_  
Firm/Company

6111 Exchange Way

\_\_\_\_\_  
Address

Lakewood Ranch, FL 34202

\_\_\_\_\_  
City/State and Zip Code

eliteivhydration.mobil@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ann S. Johnson

941

309-1312

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime 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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 18, 2024

ANN S. JOHNSON, ESQ.  
DUNLAP & MORAN PA  
6111 EXCHANGE WAY  
LAKEWOOD RANCH, FL 34202

SUBJECT: ELITE IV SPA LLC  
Ref. Number: L23000537479

We have received your document for ELITE IV SPA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

List the name of the New Registered Agent.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 824A00015726

AUG 30 2024

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

Elite IV Spa LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**FILED**  
**2024 AUG 30 PM 2:43**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/04/2023 and assigned  
Florida document number L23000537479.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

DripVenice, LLC

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)**

411 Commercial Court

Unit D

Venice, FL 34292

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

411 Commercial Court

Unit D

Venice, FL 3292

**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:

Jana Marra

New Registered Office Address:

411 Commercial Ct, Unit D

*Enter Florida street address*

Venice

*City*

Florida 34292

*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.*

Jana Marra  
**If Changing Registered Agent, Signature of New Registered Agent**

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

2024 AUG 30 PM 2:43  
TALLAHASSEE, FLORIDA

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2024 AUG 30 PM 2:43  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

(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)

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.

Jana Guerra  
Signature of a member or authorized representative of a member

Typed or printed name of signee