## L25000038413

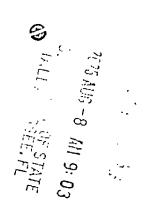
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200455334012

09,409,425--01019--003 \*\*S0.00



## **COVER LETTER**

TO: Registration Section

Division of Co	orporations		
	ess Center LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Pamela Simms		
		Name of Person	· <u></u>
	BE Wellness Center LLC		
	-	Firm/Company	<del></del>
	10117 Silent Night Lane		
	<del></del>	Address	<del></del> ·
	Sarasota, FL 34241		
		City/State and Zip Code	
	psimms@drpamsimms.com		
	E-mail address: (	to be used for future annual report notifi	cation)
For further information	concerning this matter, please c	all:	
Pamela Simms		215 519-1968 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	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63: Tallahassee,	Section Corporations 27	Street Address: Registration Sectorision of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	orations Allahassee Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BE Wellness Center LLC		
( <u>Name of the Limited Liability Com</u> (A Florida Limite	npany as it now appears on our reco ed Liability Company)	rds.)
The Articles of Organization for this Limited Liability Compa	ny were filed on 1/21/25	and assigned
Florida document number 1.25000038413		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
Divine Flow LLC		
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LI	
Enter new principal offices address, if applicable:		<b>6</b> 5 765
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable:		E C
(Mailing address MAY BE A POST OFFICE BOX)		FL D3
B. If amending the registered agent and/or registered offic	ce address on our records, <u>ente</u>	er the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
The state of the s	Enter Florida street addr	ress
	. 1	Florida
	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 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 occupants or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Natalie Simms	10117 Silent Night Lane	<b>≡</b> Add
		Sarasota, FL 34241	□Remove
			□Remove
			Change
			Remove
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			Change
			□Add
			□Remov
			Change

<del></del>			<del></del> .	
				· <del></del>
	<del></del>			
			W	
				I AUI
				1 8
-				SSS A
				<del></del>
·			<del></del>	7A 63
·			· · · · · · · · · · · · · · · · · · ·	
<u> </u>		<del></del>		
ffective date, if other than the an effective date is listed, the date must	date of filing:	to data of filing or man th	(optional)	N Purrount to 605 ()2()
	ock does not meet the applica	able statutory filing req	uirements, this date	will not be listed a
ote: If the date inserted in this bl	enariment of State's records			
ote: If the date inserted in this blocument's effective date on the D	epartment of State 3 records.			
ote: If the date inserted in this blocument's effective date on the D		me. at 12:01 a.m. on the	e earlier of: (b) Th	e 90th day after the
ote: If the date inserted in this bl		me, at 12:01 a.m. on the	e earlier of: (b) Th	e 90th day after the
ote: If the date inserted in this blocument's effective date on the D record specifies a delayed effective is filed.	e date, but not an effective tii	me, at 12:01 a.m. on the	e earlier of: (b) Th	e 90th day after the
ote: If the date inserted in this blocument's effective date on the D record specifies a delayed effective	e date, but not an effective tii	me, at 12:01 a.m. on the	e earlier of: (b) Th	e 90th day after the
ote: If the date inserted in this blocument's effective date on the D record specifies a delayed effective is filed.  August 4	e date, but not an effective tii	·		

EUR E CARON