



State of Rhode Island

Department of State - Business Services Division

Articles of Amendment

DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00

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2023 APR -4 AM 8:44

Pursuant to the provisions of RIGL 7-16-12 the undersigned limited liability company hereby amends its Articles of Organization as follows:

1. Entity ID Number: 1714465	2. The name of the limited liability company is: D'trip Floatation Spa, LLC
3. If the entity's name is changing, state the new name: D'Trip, LLC	
Check the box to indicate no change <input type="checkbox"/>	
4. If the principal office address of the entity is changing, complete the following section:	
Check the box to indicate no change <input checked="" type="checkbox"/>	
5. If the period of duration is changing, complete the following section: CHECK ONE BOX ONLY	
<input type="checkbox"/> Perpetual (on-going)	
<input type="checkbox"/> Date certain for dissolution _____	
Check the box to indicate no change <input checked="" type="checkbox"/>	
6. If the entity's tax status is changing, complete the following section: CHECK ONE BOX ONLY	
<input type="checkbox"/> Partnership or	
<input type="checkbox"/> A corporation or	
<input type="checkbox"/> Disregarded as an entity separate from its member(s)	
Check the box to indicate no change <input checked="" type="checkbox"/>	
7. If the management structure is changing, complete the following section:	
The Limited Liability Company is to be managed by: CHECK ONE BOX ONLY	
<input type="checkbox"/> Its member(s) (If you have checked this box, skip to Section 7. DO NOT fill out the chart below.)	
<input checked="" type="checkbox"/> One (1) or more manager(s) (If the limited liability company has manager(s) at the time of the filing of these Articles of Amendment, state the name and address of each manager on the next page.)	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov


FILED STAMP

APR 04 2023

FOR
SECRETARY OF STATE
USE ONLY

BY FSRYS

AA. 8:44 AM.

MANAGER	ADDRESS	
David Brayton	255 John Dyer Road, Little Compton, RI 02837	
Check the box to indicate no change <input type="checkbox"/>		
8. If adding or amending additional provisions, complete the following section:		
Check the box to indicate no change <input checked="" type="checkbox"/>		
9. As required by RIGL 7-16-67, the entity has paid all fees and taxes.		
10. Date when these Articles of Amendment will be effective: CHECK ONE BOX ONLY		
<input checked="" type="checkbox"/> Date received (Upon filing)		
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____		
<i>Under penalty of perjury, I declare and affirm that I have examined these Articles of Amendment, including any accompanying attachments, and that all statements contained herein are true and correct.</i>		
Name of Authorized Person	Street Address	
Bruce H. Cox	1481 Wampanoag Trail	
City/Town	State	Zip Code
East Providence	RI	02915
Signature of Authorized Person		Date
		12/23/22



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

April 04, 2023 08:44 AM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore
Secretary of State

