State of Rhode Island
Department of State - Business Services Division

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Articles of Amendment

DOMESTIC Limited Liability Company

→ Filing Fee. $50.00

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:	2. The name of the limited liability company is:
1714465	Dtrip 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 ☐

4. If the principal office address of the entity is changing, complete the following section:

Check the box to indicate no change ☑

5. If the period of duration is changing, complete the following section: **CHECK ONE BOX ONLY**

☐ Perpetual (on-going)

☐ Date certain for dissolution _____

Check the box to indicate no change ☑

6. If the entity's tax status is changing, complete the following section: **CHECK ONE BOX ONLY**

☐ Partnership **or**

☐ A corporation **or**

☐ Disregarded as an entity separate from its member(s)

Check the box to indicate no change ☑

7. If the management structure is changing, complete the following section:

The Limited Liability Company is to be managed by: **CHECK ONE BOX ONLY**

☐ Its member(s) (If you have checked this box, skip to Section 7. **DO NOT** fill out the chart below.)

☑ 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

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BY FSRUS
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MANAGER	ADDRESS
David Brayton	255 John Dyer Road, Little Compton, RI 02837

Check the box to indicate no change ☐

8. If adding or amending additional provisions, complete the following section:

Check the box to indicate no change ☑

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**

☑ Date received (Upon filing)

☐ Later effective date (Date must be no more than 90 days from the date of filing) _____

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.

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

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.