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COVER LETTER

TO: Registration S Division of Co			
THRIVSP			
SUBJECT:	Name of Lin	nited Liability Company	<u>-</u>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	MICHAEL J FAEHNER,	ESQ	
		Name of Person	
	M FAEHNER ESQ LLC		
		Firm/Company	
	600 BYPASS DRIVE, SU	TTE 100	
		Address	
	CLEARWATER, FL 3376	64	
		City/State and Zip Code	
	FILINGS@MFAEHNER.C		
	E-mail address: (to be used for future annual report notifi	cation)
For further information of	concerning this matter, please c	all:	
MICHAEL J. FAEHNE	R	727 443 5190 at ()	
Name o	of Person	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)	□ \$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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2015 NOV -2 PM 12: 16 SECRETARY OF STATE TALLAHASSEE, FLORIDA

THRIVORA LLC	id and an annual and an an annual and an		
(Name of the Limited Liability Compa (A Florida Limited l	Liability Company)	<u>.a.</u>	
The Articles of Organization for this Limited Liability Company Florida document number L15000002313	were filed on 01/06/2015	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
THRIVE SPA LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	3600 RED ROAD, #401		
(Principal office address MUST BE A STREET ADDRESS)	MIRAMAR, FL 33025		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3600 RED ROAD, #401 MIRAMAR, FL 33025		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		s, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
•	Enter Florida street addres	35	
	, Fl	orlda	
-	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 being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	VAN, MARY	3600 RED ROAD, #401	∄ Add
		MIRAMAR, FL 33025	☐ Remove
			☐ Change
MGR	DEHAAN, STUART ERIKS	3600 RED ROAD, #401	
		MIRAMAR, FL 33025	Remove
			☐ Change
MGR	VAN, MARY	13812 NW 10TH COURT	□ Add
		PEMBROKE PINES, FL 33028	■ Remove
			☐ Change
MGR	DEHAAN, STUART ERIKS	21606 TOWNPLACE DRIVE	Add
		BOCA RATON, FL 33433	■ Remove
			Change
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(If an effecti Note: If t	e date, if other the ive date is listed, the the date inserted in t's effective date of	date must be specific this block does r	c and cannot be prion not meet the applic	cable statutory filin	(option ore than 90 days after fi g requirements, this c	ling.) Pursuant to 60	5.0207 (3)(b) ted as the
	rd specifies a d Oth day after t			ot an effective t	ime, at 12:01 a.	m. on the earli	er of:
Dated	CTOBER	12 th	2015				
							
		Signature	of a member or auth	orized representative	of a member		
	1						

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Filing Fee: \$25.00