L22000519660

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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11/02/22--01007--022 **35.00

2022 NOV -2 PM 1:59

COVER LETTER

Registration Section
Division of Corporations

SUBJECT: Thrive Care Center, 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:

Teauna L Cross
Name of Person

Thrive Care Center
Firm/Company

7506 San Carlos Dr, ~~Fort Pierce, FL 34951~~
Address

Fort Pierce, FL, 34951
City/State and Zip Code

teauna_cross@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Teauna Cross at (954) 461-9366
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Thrive Care Center, LLC 2022 NOV -2 PM 1

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

The Articles of Organization for this Limited Liability Company were filed on 01/31/2022 and assigned Florida document number 02/01/2022.

The amendment is submitted to amend the following:

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

The Shy Beauty Wayy, 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: 7506 San Carlos Dr, Fort Pierce, FL 34951
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 7506 San Carlos Dr, Fort Pierce, FL 34951
(Mailing address MAY BE A POST OFFICE BOX)

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: Shyaesha Cross

New Registered Office Address: 1721 NW 2nd terrace
Enter Florida street address

Pompano Beach, Florida 33060
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

moved from our records:

Manager
Authorized Member

	Name	Address	Type of Act
MGR	Shyneisha Cross	1721 NW 2nd terrace Pompano Beach, FL 33060	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: 10/31/2022 **(optional)**

(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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as th document's effective date on the Department of State's records.

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.

Dated November 1, 2022.

Signature of a member or authorized representative of a member

Teauna Cross

Typed or printed name of signee

Filing Fee: $25.00