

L22000051966

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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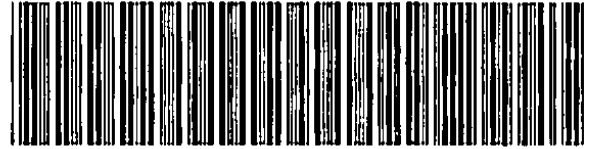
(Business Entity Name)

(Document Number)

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2022 NOV -2 PM 1:59

11/03/22

NOV 3 2022

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 (934) 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 HQ-2 FH 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:

(Principal office address MUST BE A STREET ADDRESS)

7506 San Carlos Dr, Fort Pierce,
FL 34951

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7506 San Carlos Dr, Fort Pierce,
FL 34951

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:

Shyresha Cross

New Registered Office Address:

1721 NW 2nd terrace

Enter Florida street address

Pompano Beach

City

Florida

33060

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

removed from our records:

Project Manager

Authorized Member

[illegible]

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

(b) The 90th day after the record is filed.

Dated November 1, 2022

Leona Lora

Signature of a member or authorized representative of a member

Teayna Cross

Typed or printed name of signee