

L19 0000 32561

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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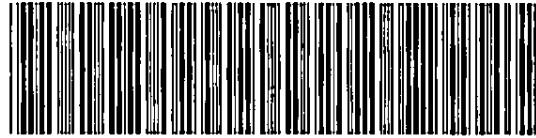
(Business Entity Name)

(Document Number)

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MAY 14 2019  
S. YOUNG

FILED  
19 MAY -2 PM 6:18  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** THRIVE POOLS AND SERVICES GROUP 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:

EMANUELLE OLIVEIRA

\_\_\_\_\_  
Name of Person

CSG CAPITAL SERVICES GROUP INC

\_\_\_\_\_  
Firm/Company

446 W HILLSBORO BLVD

\_\_\_\_\_  
Address

DEERFIELD BCH, FL 33441

\_\_\_\_\_  
City/State and Zip Code

EMANUELLE@THEWAYGROUP.BIZ

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EMANUELLE OLIVEIRA

954.427.4770

\_\_\_\_\_  
at ( )

\_\_\_\_\_  
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/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

THRIVE POOLS AND SERVICES GROUP LLC

(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 01/31/2019 and assigned  
Florida document number L19000032561.

This amendment is submitted to amend the following:

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

THRIVE BUSINESS GROUP 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)**

6930 TOWN HAURBOUR BLVD APT 2524

BOCA RATON, FL 33433

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

6930 TOWN HAURBOUR BLVD APT 2524

BOCA RATON, FL 33433

**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:

New Registered Office Address:

Enter Florida street address

Florida

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	CLAUDIO ALVES FERREIRA	RUA JAGUAREMBE, 174	<input type="checkbox"/> Add
		RIO DE JANEIRO, RJ 22720-130	<input checked="" type="checkbox"/> Remove
		BR	<input type="checkbox"/> Change
AMBR	VANESSA BECKER RISCO	6930 TOWN HAURBOUR	<input checked="" type="checkbox"/> Add
		BLVD APT 2524	<input type="checkbox"/> Remove
		BOCA RATON, FL 33433	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated APRIL 29TH, 2019

MARCOS REZENDE - REGISTERED AGENT

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**Filing Fee: \$25.00**