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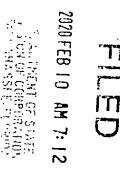
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COVER LETTER

	Registration Se Division of Cor			
SUBJEC	T.	IONA IRVING HOMEMAI	KER AND COMPANION SERVICE, LLC	
SUBJEC	· I :	Name of Lir	nited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
			IONA IRVING	
			Name of Person	
		IONA IRVINO	G HOMEMAKER AND COMPANION, LLC	
			Firm/Company	
		73	01 NW45TH STREET	
			Address	
		LAU	JDERHILL / FLORIDA 33319	
			City/State and Zip Code	
			IIONA@HOTMAIL.COM	
			(to be used for future annual report notification)	
For furthe	r information co	incerning this matter, please c	all:	
	IONA I	RVING	954 696-7348 at ()	
	Name of	Person	at ()	
Enclosed i	is a check for the	e following amount:		
\$25.00	0 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Certified Copy (additional copy is enclosed) Certified Cop (additional copy	Status &
R D	failing Address Registration Solivision of Co	ection orporations	Street Address: Registration Section Division of Corporations	
	.O. Box 6327 allahassee, F		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

긆貨

		<u> </u>	
IONA IRVING HOMEMAKER & CO		•	
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on ou Liability Company)	ir records.) 5	
		;; ;;	
The Articles of Organization for this Limited Liability Company	were filed on0	1/30/2008	and assigned
Florida document numberL08000010871		- -	學 7
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
ALL THRIVE GLOE			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designati	on "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A		
(Principal office address MUST BE A STREET ADDRESS)	N/A		
	N/A		
Enter new mailing address, if applicable:	N/A		
(Mailing address MAY BE A POST OFFICE BOX)	N/A		·
	N/A		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records	, enter the na	me of the new registere
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
	Enter Florida stree	u address	
	N/A	Florida _	N/A
	Ciry		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>	Type of Action
	N/A		□Add
			Remove
			Change
	N/A		□ Add
		 	□Remove
			□Change
	N/A		□Add
		-	□Remove
			Change
	N/A		□Add
			□Remove
			□Change
	N/A		□ Add
			Remove
			□ Change
	N/A		□Add
			□Remove
			□Change

amending any other info	ormation, enter change(s) here	: (Attach additional she	ets, if necessary.)
ALL THRIVE GLOBA	L, LLC IS A FLORIDA LIMITEI	D LIABILITY COMPAN'	Y FORMED TO TRANSACT
ANY AND ALL SERV	ICES THAT'S LEGAL TO ENHA	NCE THE GIFTS, TALE	NTS, LIFESTYLE AND
ENTREPRENEURSHI	P OF PEOPLE THROUGH VARIO	OUS MEDIUMS SUCH A	S, SEMINARS, RADIO
AND TV PROGRAMS,	, NEWSPAPER ADVERTISINGS	, ONLINE COURSES AN	ID MORE.
ALL TRANSACTIONS	ARE DONE FROM ALL THRIV	E GLOBAL, LLC REGIS	STERED OFFICE IN
FLORIDA, U.S.A.			
SACHIONA ONLINE F	RADIO TV, LLC AND SACHION	A DAILY NEWSPAPER	ARE AFFILIATES OF
ALL THRIVE GLOBAL	L, LLC.		
-			
			
		······································	
ctive date, if other than	the date of filing:	N/A	(optional)
	must be specific and cannot be prior to is block does not meet the applicat		
	he Department of State's records.		
	range and a second second		L'
filed.	ective date, but not an effective tim	ie, at 12:01 a.m. on the ear	flier of: (b) The 90th day after
5. (2/11/ 0.00		
ed	Signature of a member or author	_ •	
/	Sona Shin	9	
	Signature of a member or author	zed representative of a mem	Der .
	TONA IRVI Typed or printed	-1/2	
	Typed or printed	name of signee	

Filing Fee: \$25.00