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Certified Copies	Certificates	of Status
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COVER LETTER

TO: Registration Section Division of Corporations	
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SUBJECT: Sand Dollar Home Wa	
Name of Foreign Li	mited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) are s	submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Lawrence Swan	
Name of Person	
Firm/Company	
709 Cape Coral Pkwy W	
Address	
Cape Coral FL 33914	
City/State and Zip Code	
carakait@gmail.com	
E-mail address: (to be used for future annual rep	ort notification)
For further information concerning this matter, plea	ase call:
Lindsey Zimmerman	(239) 770-8281
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following amount:	
\$25 Filing Fee \$30 Filing Fee &	\$55 Filing Fee & \$60 Filing Fee,
Certificate of Status	Certified Copy Certificate of Status & Certified Copy

CR2E055 (9/15)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sand Dollar Home	2 Watch, LLC	
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Companifornida document number <u>LIOO17642</u> .	ny were filed on 10/14/2011	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia THRIVE Y093 & WELLNESS, LL	ability company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or the abl	
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	inini beek vole	(**)
	- <u> </u>	J*
Enter new mailing address, if applicable:	OF A	<u>#</u>
(Mailing address MAY BE A POST OFFICE BOX)	DA.	ਲੋ
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
Name 'Danistana J. A. and J. Cimatana 26 dan dan 17 militana J. A. and	A.	

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

<u>l'itle</u>	<u>Name</u>	Address	Type of Action
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			☐ Remove
			Change
			
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			Change
		 	
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			☐ Remove
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Filing Fee: \$25.00