L12000063524

questor's Name)			
dress)			
dress)			
y/State/Zip/Phone	e #)		
☐ WAIT	MAIL		
(Business Entity Name)			
·			
(Document Number)			
_ Certificates	s of Status		
Special Instructions to Filing Officer:			
	dress) dress) y/State/Zip/Phone WAIT siness Entity Nar cument Number) Certificates		

Office Use Only



000238423130

08/15/12--01010--021 **30.00

SECRETARY OF STATE

J. BRYAN

AUG 1 C 2012

EXAMINER

COVER LETTER

Division of Co			
SUBJECT:	The Get	ters Group LLC	
30B0E01		ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sul	omitted for filing	TALLANDES TO STATE OF
		-	5
Please return all corresp	ondence concerning this matter	to the following:	
		Randy Salazar	
	<u> </u>	Name of Person	
Thri-ven Investments LLC			
Firm/Company			
874 Long Lake dr			
	Address		
	J	lacksonville FL 32225	
	City/State and Zip Code		
serv		ice@prfectsolutions.com	
		to be used for future annual report noti	fication)
For further information	concerning this matter, please of	call:	
R	andy Salazar	_at (904)	814-7407
Name	of Person		ne 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:		STREET/COUR	IER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE SAME The Getters Group LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 5/10/2012 The Articles of Organization for this Limited Liability Company were filed on _____ Florida document number _____L12000063584 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: 13715 Richmond Park Dr N. (Principal office address MUST BE A STREET ADDRESS) Jacksonville, FL 32224 Enter new mailing address, if applicable: 13715 Richmond Park Dr N. (Mailing address MAY BE A POST OFFICE BOX) Jacksonville, FL 32224 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: Christian Castro Name of New Registered Agent: 13715 Richmond Park Dr N. New Registered Office Address: Enter Florida street address

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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, thereby confirm that the limited liability company has been notified in writing of this change.

Jacksonville City

Hennging Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u> <u>Name</u> **Address Type of Action MGRM** Liang Zhao 4771 Hood Rd Add Remove Jacksonville, FL 32257 ☐ Add Remove ∐Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Change the address of Thri-ven investments LLC from 8450 Gate Parkway West apt 407 Jacksonville, FL 32216 to 874 Long Lake dr Jacksonville FL32225 07/23 2012 Dated ____ Signature of a member or authorized representative of a member Randy Salazar Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00