## U5000156525

(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	e #)
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(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	<u> </u>
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SECRETARY OF STATE

J. HARRIS

## **COVER LETTER**

то:	Registration Sec Division of Corp			
SUBJE	THE EA GR	OUP VIRTUAL ASSISTANTS, LLC		
SUBJE	CI:	Name of Limited Liability Company		
The end	losed Articles of A	amendment and fee(s) are submitted for filing.		
Please r	eturn all correspon	dence concerning this matter to the following:		
		Deborrah Ashley		
		Name of Person		
		Firm/Company		
٠	·	748 Vallance Way, NE		
		Address		
		St. Petersburg, FL 33716		
		City/State and Zip Code		
		dashley@thrivoo.com		
		E-mail address: (to be used for future annual report notification)		
For furt	ner information co	ncerning this matter, please call:		
Deborr	sh Ashley	678 5216699 at ()		
<u>-</u> .	Name of			
Enclose	d is a check for the	following amount:		
<b>\$</b> 25	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status 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



June 22, 2016

DEBORRAH ASHLEY
748 VALLANCE WAY NE - Cherk sent previously
ST PETERSBURG, FL 33716

SUBJECT: THE EA GROUP VIRTUAL ASSISTANTS, LLC

Ref. Number: L15000156525

We have received your document for THE EA GROUP VIRTUAL ASSISTANTS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page 2 is missing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 916A00013172



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE EA GROUP VIRTUAL ASSISTANTS, 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 09/14/2015 and assigned Florida document number \_\_\_\_\_\_L15000156525 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Thrivoo Social Thrivor Social Selling, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 748 Vallance Way, NE Enter new principal offices address, if applicable: St. Peterstburg, FL 33716 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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		<del></del>	Change
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(If an e <u>Note</u> docu	ctive date, if other than the date of filing:
(b) Th	e 90th day after the record is filed.
Date	
	ALL TO THE SECOND TO THE SECON
	Signature of a member or authorized representative of a member
	Maria and the second se

Filing Fee: \$25.00