

U16000000 5123

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(Address)

(City/State/Zip/Phone #)

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2019 JAN 24 PM 3:25

CLERK OF STATE
TALLAHASSEE, FL

C. GOLDEN
JAN 24 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Thrive Creative Business Coach 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:

Crystal L. Munde
Name of Person

Thrive Creative Business Coach, LLC
Firm/Company

4205 NW 36th Ave
Address

Miami, FL 33142
City/State and Zip Code

asrt@youcan survive.info
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Crystal L. Munde at (561) 510-6733
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 Creative Business Coach, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2019 JAN 24 PM 3:10
CLERK OF DISTRICT COURT
JACKSONVILLE, FL

The Articles of Organization for this Limited Liability Company were filed on Jan. 7, 2016 and assigned Florida document number L16000005123.

This amendment is submitted to amend the following:

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

Thrive Safety Solutions, 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)

1395 Brickell Ave.
Miami, FL 33131

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9550 NW 12th St. Unit A
Doral FL 33172

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

City, Florida 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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated

11/20/19

Signature of _____

Signature of a member or authorized representative of a member

Crystal & Munde

Typed or printed name of signee