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| (Requestor's Name) |
|-----------------------------------------|
| (Address) |
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| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| Coomers Lind, Harrey |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: | Registration Section Division of Corporations |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUBJE | ECT: Jason HUII LLC |
| | Name of Limited Liability Company |
| The en | closed Articles of Amendment and fee(s) are submitted for filing. |
| Please | return all correspondence concerning this matter to the following: |
| | Jason Hull Name of Person |
| | N PA Firm/Company |
| | 1303 A-DOOH AU-C |
| | Lenign Acres FL 33974 City/State and Zip Code |
| | Jasonhou 30 @ younoo. Com E-mail address: (to be used for future annual report notification) |
| For fur | ther information concerning this matter, please call: |
| 7 | ason Hull al (239) 247 055 1 |
| | Name of Person Area Code Daytime Telephone Number |
| Enclos | sed is a check for the following amount: |
| □ \$2: | 5.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | Thrive UC | |
|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|---------------------------------------------------|
| (<u>Name of the Limited Liability Co</u> (A Florida Limi | mpany as it now appears on our records.) ited Liability Company) | |
| The Articles of Organization for this Limited Liability Comp | pany were filed on | and assigned |
| Florida document number L 1 6 0001 65 68 8 | | الله المنزل الله الله الله الله الله الله الله ال |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | liability company here: | r.> |
| Jason Hull UC | | 5 |
| The new name must be distinguishable and contain the words "Limited I | Liability Company," the designation "LLC" or the abb | reviation "L.L.C." |
| Enter new principal offices address, if applicable: | 1303 AIDDOH AND | <u> </u> |
| (Principal office address MUST BE A STREET ADDRESS | o Lenigh Acres F | <u>`</u> |
| | 689901 33972 | |
| Enter new mailing address, if applicable: | 1303 ADDOH AL | ie |
| (Mailing address MAY BE A POST OFFICE BOX) | venign Acres Fu | <u> </u> |
| | 3397 | 9 |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address | | he name of the new |
| Name of New Registered Agent: JaSC | on Hull | |
| New Registered Office Address: 1 303 | ADDOH AUE Enter Florida street address | 3397 a |
| Leng | 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 = Au | thorized Member | | |
|-----------|-----------------|--------------------|---------------------------|
| Title | Name | Address | Type of Action Stay Isame |
| m6R | Jason Hull | 1303 ADDOH AUE | □ Add |
| | | Lengh Acres FL 330 | 7∂ 12¢ □ Remove |
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| te: If the date inserted in this | he date of filing: (optional nust be specific and cannot be prior to date of filing or more than 90 days after filing block does not meet the applicable statutory filing requirements, this dat Department of State's records. | ng.) Pursuant to 605.0207 (3) |
| record specifies a delay | ed effective date, but not an effective time, at 12:01 a.m | i, on the earlier of: |
| he 90th day after the n | ecord is filed. | |
| red_march 7 | 1,2017 | |
| | | |
| | Signature of a member or authorized representative of a member | |
| | | |

Page 3 of 3

Filing Fee: \$25.00