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COVER LETTER

Division of Cor			
iThrive Ins			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Oriana Guevara		
		Name of Person	
	iThrive Institute, LLC		
		Firm/Company	
	51 E. Jefferson St. #3292		
		Address	
	Orlando, FL 32802		
		City/State and Zip Code	
	Oriana@ithriveinstitute.com	n to be used for future annual report not	Hiethon)
For further information of	concerning this matter, please c	•	
Oriana Guevara		407 256-4045	
Name o	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	-		- Acc co mu
■ \$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)
M .201 - A 2.2		Carra a b Llan	
Mailing Address Registration	Section	<u>Street Address:</u> Registration Se	ection

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

iTherive Institute, LLC	
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Com	npany were filed on September 7th, 2016 and assigned
Florida document numberL16000167067	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
Executive Vitality & Corporate Wellness, LLC	20
he new name must be distinguishable and contain the words "Limited	1 Liability Company," the designation "LLC" or the abbreviation "LLC".
Enter new principal offices address, if applicable:	
••	
Principal office address MUST BE A STREET ADDRES	
	<u> </u>
	0-STAT
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·
3. If amending the registered agent and/or registered of	ffice address on our records, enter the name of the new registered
gent and/or the new registered office address here:	the same of the seconds, estate the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	. Florida
	City 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 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>	Name	Address	Type of Action
			□Add
			🗆 Remove
			Change
			□Add
			Remove
			□ Remove
			□ Change
			🗀 Add
			□Remove
			⊡∧dd
			□ Remove
			Change
			□Add
			□Remove

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amending any other informa					
					
					
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Mastinia data if athan than tha	data of filings			/#D	
Mective date, if other than the an effective date is listed, the date mus ote: If the date inserted in this blo ocument's effective date on the Do	ock does not meet the a	pplicable statute	ling or more than 9 ory filing require	(optional) Odays after tiling.) I ments, this date w	Pursuant to 605.020 ill not be listed a
record specifies a delayed effective is filed.	e date, but not an effect	ive time, at 12:0	Ol a.m. on the ea	rlier of: (b) The	90th day after th
February 4th	2023				
	<u> </u>				
	Mina)	Ane	vara	<u>C</u>	
	Muna Signature of a member of	authorized repre	VAYA sentative of a mem	(C)	

Filing Fee: \$25.00