

L17000004922

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

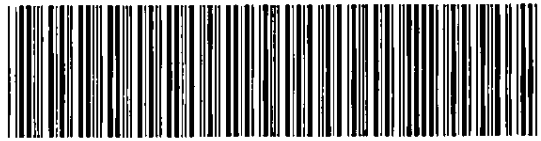
(Business Entity Name)

(Document Number)

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LLC N/C Amend

09/26/22--01021--003 ++25.00

FILED
2022 SEP 26 AM 9:29

A. RAMSEY

FEB 10 2023

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2022 SEP 26 AM 9:29

Take Again Courteous Services LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 1/6/2017 and assigned
to document number L17000004922 (L17000004922)

amendment is submitted to amend the following:

Amending name, enter the new name of the limited liability company here:

The Thrive Group LLC
New name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

or new principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS)

or new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX)

3. 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

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 Changing Registered Agent, Signature of New Registered Agent

g Authorized Person(s) authorized to manage. enter the title, name, and address of each person being added
l from our records:

Manager

Authorized Member

<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	☐ Add
_____	_____	☐ Remove
_____	_____	☐ Change
_____	_____	☐ Add
_____	_____	☐ Remove
_____	_____	☐ Change
_____	_____	☐ Add
_____	_____	☐ Remove
_____	_____	☐ Change
_____	_____	☐ Add
_____	_____	☐ Remove
_____	_____	☐ Change
_____	_____	☐ Add
_____	_____	☐ Remove
_____	_____	☐ Change

including any other information, enter change(s) here: (Attach additional sheets, if necessary)

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated September 25, 2022

[Signature]
Signature of a member or authorized representative of a member

Faith Dickens
Typed or printed name of signer