L17000198630

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| | | <u>co</u> | VER LETTER | |
|--|--|------------|----------------------------------|--|
| TO: Amendment Section Division of Corport | | | | |
| NAME OF CORPOR | ATION: | , LLC | | |
| DOCUMENT NUMB | ER: | | | |
| | f Amendment and fee are sub | mitted fo | or filing. | |
| Please return all corresp | ondence concerning this matt | er to the | following: | |
| k | Lyle Kennelly, Esq. | | | |
| - | <u> </u> | Name | of Contact Person | · · · · · · · · · · · · · |
| Т | hrive Law, P.A. | | | |
| - | | Fi | тп/ Сотралу | |
| 2 | 260 5th Avenue South, Suite | 1 | | |
| - | ····· | i | Address | ······································ |
| S | t. Petersburg, FL 33712 | | | |
| | ····· | City/ S | tate and Zip Code | |
| | | | | |
| kyle@t | hrivelaw.com | | ······. | |
| | E-mail address: (to be use | d for futi | ire annual report i | notification) |
| For further information | concerning this matter, please | call: | | |
| Kyle Kennelly | | | 727 at (| 300-1990 |
| Name of | Contact Person | | | le & Daytime Telephone Number |
| Enclosed is a check for t | he following amount made pa | iyable to | | |
| S35 Filing Fee | S43.75 Filing Fee & Certificate of Status | Certif | | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | | Division Clifton 1 2661 Ex | Address ment Section n of Corporations Building secutive Center Circle ssee, FL 32301 |

ч., С.,



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 15, 2019

KYLE KENNELLY 2260 5 AVE S STE 1 ST PETERSBURG, FL 33712

SUBJECT: LEAN GROWTH GROUP, LLC Ref. Number: L17000198630

We have received your document for LEAN GROWTH GROUP, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This is a LLC the document you sent in is for a Corporation.

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) 245-6050.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 419A00009815

2019 MAY RE CEIVED 30 NH 11:0

www.sunbiz.org

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|---|---------------------|--|---------------------------|
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| ARTICL | 1 | AMENDMENT | |
| ARTICLE | T(S OF O O | RGANIZATION | FILEO |
| Lean Growth Group, LLC | | | 2013 HAVES PP 3 93 |
| (<u>Name of the Limited Liab</u> (A Flori | da Limited L | ty as it now appears on our records.) (ability Company) | |
| The Articles of Organization for this Limited Liability | | | ALLAHASSEC. TOPIDA |
| Florida document number L17000198630 | i | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the Br | nited liabi | lity company here: | |
| The new name must be distinguishable and contain the words "Li | mited Liabili | ty Company," the designation "LLC" or | the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADD | PRESS) | | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | | <u></u> |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office ad | | | enter the name of the new |
| Name of New Registered Agent: Thriv | ve Law, P.A | | |
| | 5th Avenue | e South, Suite 1 | |
| | | Enter Florida street address | |
| St. P | eterspurg, | , Floric | da <u>33712</u> |

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

Ω $M \sim$ ging Registered Agent, Signature of New Registered Agent Page 1 of 3

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager

· ·

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AMBR = Authorized Member

| <u>Title</u> MGR | <u>Name</u> Dorison, Adrienne | | Address 5137 5th Way North | Type of Action |
|---------------------|----------------------------------|-----------|-------------------------------|----------------|
| | | | St. Petersburg, FL 33703 | Add |
| | | | | Remove |
| MGR | Brannon, Tyler | | 5137 5th Way North | |
| | | | St. Petersburg, FL 33703 | Remove |
| | | | | Change |
| MGR | Church Bear, Inc | | 5137 5th Way North | 🖬 Add |
| | | | St. Petersburg, FL 33703 | CRemove |
| | | | | Change |
| | | | | 🗆 Add |
| | | | | C Remove |
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| | | Page 2 of | 3 | |
| | | | | |

| . If amer | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) | |
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| Effective | ve date, if other than the date of filing: (optional) | |
| (If an effect | ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be | 605.0207 (3 |
| documen | ent's effective date on the Department of State's records. | insted as th |
| | | |
| the reco | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e | arlier of: |
|) ine 9 | 90th day after the record is filed. | |
| Dated | Nov 27th 2010 | |
| Dated | May 27th 2019 | |
| | 1182 | |
| | -U-C Signature of a member or authorized representative of a member | - |
| | Tyler Brannon | |
| | Typed or printed name of signee | - |
| | | |
| | | |
| | Page 3 of 3 | |

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