## L17000232227

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

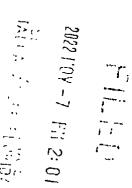
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## **COVER LETTER**

Registration Section
Division of Corporations

TO:

Thrive Edu SUBJECT:	cational Services LLC	,		
SCBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for tilling.		
Please return all correspo	ondence concerning this matter	to the following:		
	Defilah Orpi			
		Name of Person	· · · · · · · · · · · · · · · · · · ·	
	Thrive Educational Service	es LLC		
	<del></del>	Firm Company		
	915 Doyle Road Suite 303	.#306		
	Address			
	Deltona, FL 32725			
	<del> </del>	City/State and Zip Code	· · · • · · · ·	
	dee22320@yahoo.com			
	E-mail address: (	to be used for future annual report not	ilication)	
For further information e	oncerning this matter, please e	all;		
Delilah Orpi		305 439-0227 at ()		
Name o	f Person	Area Code Dayton	ne Telephone Number	
Enclosed is a check for t	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Registration : Division of CP.O. Box 632 Tallahassee.	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Fallahassee be Street, Suite 810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Thrive Educational Services LLC					
(Name of the Lim	ted Liability Compa tA Florida Limited	any as it now appears on our records.) Liability Company)		_	
The Articles of Organization for this Limited I Florida document number L17000232227	iability Company	were filed on 11/09/2017	ar	id assigned	
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liah	oility company here:			
Thrive Media Group LLC					
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviati	on "L.L.C."	
Enter new principal offices address, if appli	915 Doyle Road Suite 303, #306				
(Principal office address MUST BE A STREET ADDRESS)		Deltona, FL 32725			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u> </u>	915 Doyle Road Suite 303, #306 Deliona, FL 32725			
B. If amending the registered agent and/or agent and/or the new registered office address:  Name of New Registered Agent:  New Registered Office Address:	ess here:	address on our records, <u>enter the</u> ad Suite 303, #306  Enter Florida street address	21:9Y = 7   Ph   2: 0	T	
		, Florid		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 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 ad or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Eric Wolf	915 Doyle Road Suite 303, #306	Add
		Deltona, FL 32725	□Remove
			= Change
			🗀 Remove
			L'Change
			□Remove
			TChange
			□Add
			□Remove
			Change
			⊟Remove
			□Remove
			Chapte

Effective date, if other than the date of filing:  [Optional]  In effective date, if other than the date of filing:  [Optional]  In 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 605.02 More:  The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed focument's effective date on the Department of State's records.  The optional of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed focument's effective date on the Department of State's records.  The optional of the applicable statutory filing requirements, this date will not be listed focument's effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the distinct of the optional o				<del></del>	<del></del>
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Signature of a member or authorized representative of a member					
Signature of a member of authorized representative of a member	d is filed.				
	d is filed.  November 2	. 2022	1		