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SECRETARY OF STATE TALLAHASSEE, FLORIDA

AUG 14 2019

S. YOUNG

COVER LETTER

SUBJECT:	ZP Social	Growth LLC	
	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:	
	Za	Chary Politon	
	Z.P.	Social Granty LL	<u> </u>
	<u> </u>	4 Grant St Co.	+2
	Tampa	FL 33605 City/State and Zip Code	
For further information of	E-mail address: (i	cypol to 3@ grant co	cation)
,			27X 2
Name o	f Person	at $(\frac{786}{\text{Area Code}}) = \frac{363}{\text{Daytime}}$	Telephone Number
Enclosed is a check for the	ne following amount:		
\$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)
MAIL	ING ADDRESS:	STREET/COURIE	ER ADDRESS:

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

Registration Section Division of Corporations

TO:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION OF

ZP Social Growtin L	LC
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Diability Company)
The Articles of Organization for this Limited Liability Company	were filed on Seft 20,3018 and assigned
Florida document number <u>L 18000234364</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
Simply Thriving Limited Liabil	LC
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2014 Grant St Unit.2
(Principal office address MUST BE A STREET ADDRESS)	Tumpa, FL 33605 55 8
	—————————————————————————————————————
	- 8 LE
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	<u></u>
B. If amending the registered agent and/or registered of 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			☐ Remove
			□ Change
			□ Remove
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			□ Remove
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fecti [,]	ve date, if other than the date of filing: (optional)
an effe	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 605.0
ote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
cume	ent's effective date on the Department of State's records.
rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie
The	90th day after the record is filed.
ated	Avaist 6 2014
	a proper levet
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member
	Signature of a member of authorized representative of a member Zachary Colisto Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00