

L19 000243761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

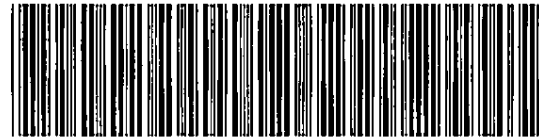
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DEC 15 2019 PM 12:14
CLERK OF SUPERIOR COURT
STATE OF CONNECTICUT

Amend

DEC 15 2019

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THRIVING LIFE CONSULTING LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BARBARA DELIGIO

Name of Person

THRIVING LIFE CONSULTING LLC

Firm/Company

3523 BENT WOOD DR

Address

KISSIMMEE, FL 34741

City/State and Zip Code

INFO@TAXACENTER.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BARBARA DELIGIO

407

595-6916

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building

FILED
DIVISION OF CORPORATIONS
18 OCT 22 PM 12:14



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 6, 2019

BARBARA DELIGIO
THRIVING LIFE CONSULTING LLC
3523 BENT WOOD DR
KISSIMMEE, FL 34741

SUBJECT: THRIVING LIFE CONSULTING LLC
Ref. Number: L19000243761

We have received your document for THRIVING LIFE CONSULTING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

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.

Diane Cushing
Senior Section Administrator

Letter Number: 319A00022988

4:10:44

RECEIVED
NOV 16 2019

Email: Info@TaxaCenter.com

THRIVING LIFE CONSULTING LLC

Page 1 of 3

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> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------------|-------------------|--|
| MGR | DELIGIO, BARABARA | 3523 BENT WOOD DR | <input type="checkbox"/> Add |
| | | KISSIMME FL 34741 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | DELIGIO, BARBARA | 3523 BENT WOOD DR | <input checked="" type="checkbox"/> Add |
| | | KISSIMME FL 34741 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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This image shows a single sheet of white paper with horizontal blue or grey ruling lines, typical of notebook paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: _____ (optional)

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.

(b) The 90th day after the record is filed.

Dated SEP 26 2019

Signature of a member or authorized representative of a member

BARBARA DELIGIO

Typed or printed name of signee