L20000069612

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COVER LETTER

TO: Registration Division of	n Section Corporations	<i>;</i> • • •	. • • • • • • • • • • • • • • • • • • •
•	ic Connection L.L.C.	. 	
Sommer.	Name of I	Limited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are	submitted for filing.	
Please return all corre	espondence concerning this mat	ter to the following:	
	Kelle K. Daniels		
		Name of Person	
	Strategic Connection L.	.lC.	
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	3066 Woodhury Circle		20
		Address	2825 HAY
	Cantonment, Fl 32533		· ro
		City/State and Zip Code	
	yes@strategicconnection		
	E-mail addres	s: (to be used for future annual report	notification) S.F. S.F. S.F. S.F. S.F. S.F. S.F. S.F
For further information	on concerning this matter, please	e call:	F
Kelle K. Daniels		850 503-670 at ()	7
Nan	ie of Person		vtime Telephone Number
Enclosed is a check for	or the following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed)
<u>Mailing Add</u> Registratio		<u>Street Address</u> Registration	
	f Corporations	Division of C	
P.O. Box 6			of Tallahassee
т aнanasse	e. FL 32314	2415 N. Mor	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Strategic Connection L.L.C		
(<u>Name of the Limited Liability (</u> A Florida Li	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Con		
Plorida document number <u>L20000069612</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
Thryvn Strategies LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	S.S)	
	<u> </u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
Maning address MAY BL AT OUT OF OTTICE BOXY		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter th</u>	e name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
•	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 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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			\ _Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove

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May 05 2025	Signature of a member or authorized representative of a member	ord specifies a delayed effective filed. May 05	date, but not an effecti	ive time, at 12:01 a.n		b) The 90th day	2025 HAY 28