

L20000099555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2020 APR 21 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 01 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Thrive Therapy of Palm Beach

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:

Mikayla Kress

Name of Person

Thrive Therapy of Palm Beach

Firm/Company

4290 Woodstock Dr. Unit B

Address

West Palm Beach, FL 33409

City/State and Zip Code

thrivetherapypalmbeach@gmail.com

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

For further information concerning this matter, please call:

Mikayla Kress

248 820-7363
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Thrive Therapy of Palm Beach

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 4/8/2020 and assigned
Florida document number 120000099555.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1645 Palm Beach Lakes Blvd. Suite 1200

West Palm Beach, FL 33401

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1645 Palm Beach Lakes Blvd. Suite 1200

West Palm Beach, FL 33401

B. If amending the registered agent and/or registered office address on our records, enter the name of the new 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

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	Mikayla Kress	1645 Palm Beach Lakes Blvd	<input type="checkbox"/> Add
		#1200	<input type="checkbox"/> Remove
		West Palm Beach, FL 33401	<input checked="" type="checkbox"/> Change Title
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECRETARY OF STATE
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 01/02/17 BY 60322

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

1. I would like to update my (Mikayla Kress) title to Manager instead of listing as AR

2. I would like to update the LLC address to 1645 Palm Beach Lakes Blvd, Suite 1200 West Palm Beach, FL 33401

2020 APR 21 AM 10:42
FILED
CLERK OF COURT
PALM BEACH COUNTY
FLORIDA

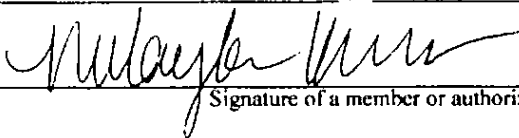
E. Effective date, if other than the date of filing: _____ **(optional)**

(If an 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 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated April 17, 2020



Signature of a member or authorized representative of a member

Mikayla Kress

Typed or printed name of signee