

121000039807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

5/9

Office Use Only



400385120634

04/05/22--01024--019 \*\*25.00

FILED

2022 MAY -9 PM 2:04

CLERK OF SUPERIOR COURT  
JULIA A. HARRIS, CLERK  
COURT CLERK'S OFFICE  
1000 PENNSYLVANIA AVENUE, N.W.  
WASHINGTON, D.C. 20004

LLC  
N/C

JUN 05 2022

D CONNELL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 19, 2022

MYRIAM MANTILLA  
4411 JOHNSON ST.  
HOLLYWOOD, FL 33021

SUBJECT: TTD, LLC  
Ref. Number: L21000039807

We have received your document for TTD, 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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) 245-6053.

Yvette Scott  
Supervisor

Letter Number: 422A00009073

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TTD, 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:

Myriam Mantilla  
Name of Person

TTD, LLC  
Firm/Company

4411 Johnson St.  
Address

Hollywood, FL 33021  
City/State and Zip Code

myriam5182@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Myriam Mantilla at ( 954 ) 394-4680  
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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

**TTD, LLC**

(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 1/20/2021 and assigned  
Florida document number L21000039807.

This amendment is submitted to amend the following:

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

**Thrive Counseling, Inner Healing, and Deliverance Ministries, LLC**

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)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**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**



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

I am just amending the name of the company  
Thank you!

E. Effective date, if other than the date of filing: 3/31/2022 (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 March 25, 2022.

Signature of a member or authorized representative of a member

Myriam Mantilla

Typed or printed name of signee