L21000358974

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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02/28/24 -01008--029 **25.00

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Corp	oorations		
CALIFA PROCEED	Beach Shack	Sauces, LLC	·	
SUBJECT:	·	Name of Limi	ited Liability Company	
			16 (1)	
The enclosed	d Articles of A	Amendment and fee(s) are sub-	mitted for thing.	
Please return	n all correspor	idence concerning this matter	to the following:	
		Christopher Thompson		
			Name of Person	
		Thrive Digital Creations, L	LC	
			Firm/Company	·
		607 Sealoft Dr A	+ 112	
			Address	
		Aprille Baylor	City/State and Zip Code	33426
			City/State and Zip Code	
		cthompson561@gmail.com		
		E-mail address: (to be used for future annual report r	notification)
For further i	nformation co	oncerning this matter, please ca	all:	
Christopher	Thompson		904 8385009 at ()	
	Name of	Person		time Telephone Number
Enclosed is	a check for th	e following amount:		
■ \$25.00	Filing Fee	S30.00 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)
	niling Address		<u>Street Address</u> Registration	
	gistration S vision of C		Division of (
	O. Box 632			of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	itad Liability Compa	nu ac it now annears on or	ur records)
(Name of the Lim	(A Florida Limited)	iny as it now appears on ou Liability Company)	(1 1 t t t t t t t t t t t t t t t t t t
The Articles of Organization for this Limited I florida document number 1.21000358974	Liability Company	were filed on	21 and assigned
his amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
l'hrive Digital Creations, LLC			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designat	ion "LLC" or the abbreviation "L,L.C."
Enter new principal offices address, if appli	cable:	607 Sealofts Dr	
Principal office address MUST BE A STREET ADDRESS)		Apt 112	
		Boynton Beach FL 334	126
Enter new mailing address, if applicable:		607 Scalofts Dr	<u>}</u>
Mailing address MAY BE A POST OFFICE BOX)		Apt 112	· !
	<u> </u>	Boynton Beach, FL 33	426
 If amending the registered agent and/or agent and/or the new registered office address 	0	address on our record	s, enter the name of the new regis
Name of New Registered Agent:	Christopher Th	ompson	
New Registered Office Address:	607 Sealofts Di	r Apt 112	
New Registered Office Address.		Enter Florida stre	ret address
	Boynton Beach	1	, Florida <u>33426</u>
		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>	Type of Action
			□ Remove
			□Change
····			□Add
			Remove
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Effective date, if other than the date of filing:		
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Aleh milley		
Signature of a member or authorized representative of a member	Dated	<u>C7-28-24</u> ,
Signature of a memori of authorized representative of a memori		They myly

Filing Fee: \$25.00