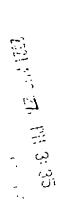
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(Re	equestor's Name)	
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<i>(</i> , , <i>c</i>	<i>(</i> 41033)	
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(LX	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

Tallahassee, FL 32314

	ration Second of Corp			•
71	HRIVE BI	EHAVIOR THERAPY LLC		,
SUBJECT:		Name of Limit	ed Liability Company	
The enclosed A	rticles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return al	l correspor	ndence concerning this matter t	o the following:	
		Amanda Rugama		
			Name of Person	
		THRIVE BEHAVIOR THE	RAPY LLC	
			Fimt/Company	
		3801 SW 153 COURT		
			Address	
		Miami, Florida 33185		
			City/State and Zip Code	
		ThriveBehaviorTherapy@gr		
		E-mail address: (t	to be used for future annual report noti	fication)
For further info	ormation c	oncerning this matter, please ca	all:	
Amanda Ruga	ma		305 766-3097	
	Name o	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a c	heck for the	he following amount:		
		(1) \$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)
	ing Addre		Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations		
	ision of C Box 632	· · · · · · · · · · · · · · · · · · ·	The Centre of	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.)	
IV Holde Parier	indomy company,	
The Articles of Organization for this Limited Liability Company	were filed on <u>08/19/2021</u>	and assigned
Florida document number 1.21000372948		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
THRIVE BEHAVIOR THERAPY LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abb	reviation "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)		
(Mailing address MAT BE A TOST OF THE 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:		
		2 2 2 2
New Registered Office Address:	Enter Florida street address	
	, Florida	سر دن ,
	City	ين Zip Code ي
New Registered Agent's Signature, if changing Registered Agent	t:	
		ee to comply with the
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet	e performance of my duties, and I am fo	umiliar with and
accept the obligations of my position as registered agent as	provided for in Chapter 605, F.S. Or.	if this document is
heing filed to merely reflect a change in the registered offic	e address. I hereby confirm that the lim	ited 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>	Address	Type of Action
AMBR	ROGER RUGAMA	3801 SW 153 COURT, MIAMI, FL 33185	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
			[] Change
			🗀 Remove
			□Change
			CIAdd
			□Remove
			□Change
			🗀 Add
			□Remove
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		□Remove	
			Change
		□Remove	
			□Change

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(If an effecti Note: If i	date, if other than the date of filing:
the record s cord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the
Dated	9/20/21
	Signature of a member or authorized representative of a member
	Amanda Rugama

.