

122 0000076234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

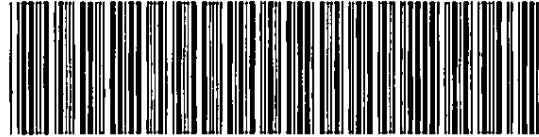
(Business Entity Name)

(Document Number)

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FILE  
2022 APR 28 PM 2:05  
FALL RIVER, MA

6/18/2022

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Thrive Behavioral 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:

Erica Crowley

\_\_\_\_\_  
Name of Person

Thrive Behavioral LLC

\_\_\_\_\_  
Firm/Company

196 Southern Grove Dr

\_\_\_\_\_  
Address

St Johns, FL, 32259

\_\_\_\_\_  
City/State and Zip Code

elf102988@gmail.com

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

For further information concerning this matter, please call:

Erica Crowley

954

234-3243

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$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)

**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

100-100000

2022 APR 28 PM 2:05

SEC  
TA

02/15/2022

— 10 —

Thrive Behavioral Consultants LLC

**Enter new principal offices address, if applicable:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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**Name of New Registered Agent:**

\_\_\_\_\_

\_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

*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**

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

[illegible]

(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)

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.

Erina Crowley  
Signature of a member or authorized representative of a member

Typed or printed name of signee