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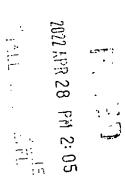
(Requestor's Name)	
(Address)	
(Address)	-
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





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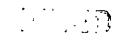
COVER LETTER

TO:

TO: Registration Se Division of Cor			
Thrive Beha			
SUBJECT:	Name of Lim	ited Liability Company	·
The enclosed Articles of	Amendment and fee(s) are sub	Name of Person aavioral LLC Firm/Company and Grove Dr Address L, 32259 City/State and Zip Code gmail.com E-mail address: (to be used for future annual report notification) matter, please call: at (
	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 notifica	ation)
For further information c	oncerning this matter, please c	all:	
Erica Crowley			
Name o	f Person		elephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Addres Registration S			on
Division of C	orporations	Division of Corpo	orations
P.O. Box 632 Tallahassee, l		The Centre of Tal 2415 N. Monroe S	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Thrive Behavioral LLC			2022 AFR 28	PH 2: 05
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) Articles of Organization for this Limited Liability Company were filed on				
The Articles of Organization for this Limited Liability Company we Florida document number <u>L22000076234</u> .	ere filed on _	02/15/2022	,	ssigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability	y company	here:		
Thrive Behavioral Consultants 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 add agent and/or the new registered office address here:	lress on our	records, enter the	name of the n	ew registered
Name of New Registered Agent:				
New Registered Office Address:	Finter F	lorida street address		
	1,5ucr 1		_	
	City	, Floric	daZip Cod	e
	- 17		•	

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 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
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Note:	If the date inserte	r than the date the date must be speed in this block do to on the Departm	es not meet the	applicable statu	filing or more thar tory filing requi	(optional 90 days after filing rements, this dat) g.) Pursuant to 605.02 e will not be listed	:07 as 1
f the recor		yed effective date.	but not an effec	tive time, at 12	:01 a.m. on the	earlier of: (b) T	he 90th day after th	ıe
Dotad	April 25th		2022					
Daten					esentative of a me			