

L22000182746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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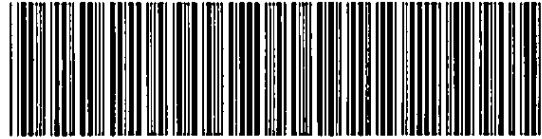
(Business Entity Name)

(Document Number)

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2022 JUN 17 PM 4:42  
TALLAHASSEE, FLORIDA

SEP - 6 2022

S. PRATHEP

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** THRIVE WELLNESS AND COUNSELING 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:

DARCY PARE

Name of Person

C/O THRIVE WELLNESS AND COUNSELING LLC

Firm/Company

10390 SW 105TH DR.

Address

GAINESVILLE, FL 32608

City/State and Zip Code

darcy.pare@gmail.com

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

For further information concerning this matter, please call:

THOMAS MCDERMOTT, ESQ.

352 451-4980

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

THRIVE WELLNESS AND COUNSELING 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 April 18, 2022 and assigned

Florida document number L22000182746

This amendment is submitted to amend the following:

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

NO CHANGE

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:**

NO CHANGE

**(Principal office address MUST BE A STREET ADDRESS)**

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

NO CHANGE

**(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:

NO CHANGE

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**

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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>	<u>Type of Action</u>
AR	ROGER M. PARE	10390 SW 105TH DR.	<input type="checkbox"/> Add
		GAINESVILLE, FL 32608, US	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DARCY PARE	10390 SW 105TH DR.	<input checked="" type="checkbox"/> Add
		GAINESVILLE, FL 32608, US	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

ARTICLE III (PURPOSE: i) COUNSELING SERVICES; and ii) F.S. 605-TO PERFORM OR ENGAGE IN ANY  
AND ALL ACTIVITIES AND/OR BUSINESSES FOR WHICH LIMITED LIABILITY COMPANIES  
MAY BE ENGAGED UNDER THE STATUTES.

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(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 June 6, 2022.

D Paire

Signature of a member or authorized representative of a member

DARCY PARE

Typed or printed name of signee

Filing Fee: \$25.00

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2022 JUN 17 PM 4:11  
TALLAHASSEE, FLORIDA