

# L23000115684

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

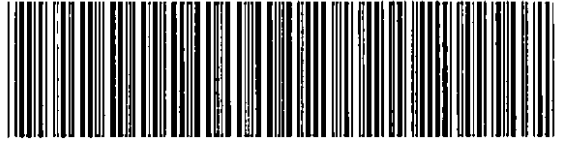
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2023 JUL 10 AM 10:33  
STATE  
FALLAHASSEE, FL

RECEIVED  
2023 JUL 10 AM 8:24  
STATE  
FALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

Please use this account number for payment: 120210000160: \$25.00\_\_

Authorization Signature: Jan Fuller

THRIVE MENTAL HEALTH AND SUBSTANCE ABUSE RECOVERY SUPPORT SERVICES, LLC

Doc #: L23000115684

Business

Doc#

**Certified Copy of Articles**

**Certificate of Status**

**NEW FILINGS**

Profit Corp

Not for Profit

Officer/Director

Limited Liability

Domestication

Other

**CORP**

**LLLP**

**AMENDMENTS**

Amendment

Resignation of R.A. or member

Dissolution

Change of Registered Agent

Revocation of Dissolution

Merger

**Conversion**

**Amended and restated Articles**

**Statement of Authority**

**OTHER FILINGS**

**Trademark**

Annual Report

Fictitious Name

**APOSTILLE**

**Country**

**REGISTRATION/QUALIFICATIONS**

Foreign filing

Limited Partnership

Reinstatement

Other

**EXAMINER'S INITIALS:** \_\_\_\_\_

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Thrive Mental Health and Substance Abuse Recovery Support Services, 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:

Angela German  
Name of Person

Thrive Mental Health and Substance Abuse Recovery Support Services, LLC  
Firm/Company

7480 NW 13th Street  
Address

Plantation FL 33313  
City/State and Zip Code

tmhsarss@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angela German at (754) 308-4918  
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 Mental Health and Substance Abuse Recovery Support Services, 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 3/5/2023 and assigned Florida document number L23000115684

This amendment is submitted to amend the following:

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

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)

7800 W. Oakland Park Blvd  
Suite 115  
Sunrise, FL 33351

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7480 NW 13th Street  
Plantation, FL 33313

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:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, Florida

City

Zip Code

FILED  
MAR 10 2023  
STATE OF FLORIDA  
TALLAHASSEE, FL  
10:35 AM

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>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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


Multiple horizontal lines for amending information.

FILED  
2023 JUL 10 10:33  
DEPT. OF STATE  
TALLAHASSEE, FL

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 7/7/2023

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Angela Germain

Typed or printed name of signee