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(Re	equestor's Name)	
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration S Division of Co			
Truscape l			
SUBJECT:		nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Markus Cintron		
	1.91.	Name of Person	
	Truscape LLC		
		Firm/Company	
	7752 Navarre Pkwy #331		
		Address	
	Navarre, FL 32566		
	TruscapeLLC@gmail.com	City/State and Zip Code	
		to be used for future annual report notific	cation)
For further information	concerning this matter, please c	all:	
Markus Cintron		850 384-8418 at ()	
Name	of Person		Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of 0 P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL 3	orations llahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Truscape 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 May 1st, 2023 and assigned Florida document number 1.23000212846 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Thrive Homebuyers, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 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

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.

City

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

OI ICHIO	
MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□ Remove
			□Change
			□ Add
			□Remove
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			□Change
	<u> </u>		
			□Remove
			□Add

Chan	ge email to mark@thr	ivehomebuyers.o	ırg			
						
						
						
			10/23/2023			
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	date is listed, the date me date inserted in this					
	effective date on the			statutory thing requ	nements, this date w	in not be fisted as
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record spe is filed.	cifies a delayed effect	ive date, but not a	in effective time,	at 12:01 a.m. on the	earner or: (b) The	90th day after the
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Typed or printed name of signee