Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: REGISTERED AGENTS INC.

Account Number : 120090000081

Phone

: (307)200-2803

Fax Number

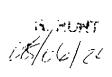
: (813)436-5206

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Addı	ress:		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SUPERLOCAL LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUPERLOCAL LLC			
(<u>Name of the Limited Liability Compa</u> (A Fiorida Limited i	ins as it now appears on our liability Company)	records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000315708</u>	were filed on 07/16/202-	1	and assigned
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
Thrive For Local LLC. The new name must be distinguishable and contain the words "Limited Liabil	tity Company." the designatio	in "LLC" or the althre	viation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			. 3
			<u> </u>
Enter new mailing address, if applicable:		<u> </u>	1 20
Mailing address MAY BE A POST OFFICE BOX)			PH - : : : : : : : : : : : : : : : : : :
			=
3. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records,	enter the name o	f the new regist
New Registered Office Address:			
	Enter Ftorida stree.	t address	
		, Florida	
	Сиу		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.

8/5/2024 v1.42 05 PQT Te 18506176383 Page 3/4 Fax: 8134365206

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>	Name	Address	Type of Action
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			l lChange
			□Remove
			(7)Change
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Effective date, if other than fan effective date is listed, the date	emust be specific :	ing: ind cannot be prior t	y date of filing or mo	e than 90 days after t	nat) iling) Pursonit to 60)5.0207
Note: If the date inserted in the document's effective date on the			ble statutory filing	requirements, this	date will not be le	sted as
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record specifies a delayed effe d is filed.						e: the
August 5th Robin Jones		2024				
6			_			

Typed or printed name of signee