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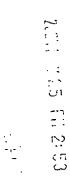
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COVER LETTER

TO: Amendment Section Division of Corporations

	Council of Indian River Cou	inty	
NAME OF CORPORATION:			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are su	bmitted for filing.		
Please return all correspondence concerning this ma	tter to the following:		
David Flynt			
	(Name of Contact Person	n)	
Substance Abuse Council of Indian River County			
	(Firm/ Company)		
1507 20th Street			
	(Address)		
Vero Beach, FL 32960			
	(City/ State and Zip Cod	e)	
accounting@sacirc.org			
E-mail address: (to be us	ed for future annual report	notification	1)
For further information concerning this matter, plea	se call:		
David Flynt	, .	'2 	770-4811 ext 102
(Name of Contact Perso		rea Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida Dep	artment of	State:
■ \$35 Filing Fee	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif) Filing Fee icate of Status ied Copy tional Copy is osed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Articles	of theorporation	
Substance Abuse Council of Indian River County, Inc	of	2(1) 25 r.;
Name of Corporation as currently filed with the Florida L	Dent. of State)	
	yeptt of butter,	٠,
N38659	er of Corporation (if known)	
·		
ursuant to the provisions of section 617.1006, Florida Statute nendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit	Corporation adopts the following
. If amending name, enter the new name of the corporat	ion:	
Thrive IRC, Inc		The new
ame must be distinguishable and contain the word "corpora Company" or "Co." may not be used in the name.	tion" or "incorporated" or the	abbreviation "Corp." or "Inc."
	N/a	
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	
Time qual office address seems	<u> </u>	
Enter new mailing address, if applicable:	N/a	
(Mailing address MAY BE A POST OFFICE BOX)		
). If amending the registered agent and/or registered offi	ice address in Florida, enter t	he name of the
new registered agent and/or the new registered office a	address:	
Name of New Registered Agent:		
	(Florida stre	et address)
New Registered Office Address:		
		Florida
	(City)	, Florida (Zip Code)
	(3)	
New Registered Agent's Signature, if changing Registered	Agent:	notions of the notition
I hereby accept the appointment as registered agent. I am fa	amiliar with and accept the obti	gations of the position.
	2	ant if changing
S	Signature of New Registered Ag	ent, y chanzinz

	•				
→Pâ8; ^L t3§→	and address of each (Attach additional sh	COSI fivers and/or Officer and/ eets, if necess	Directors, enter the tipe or Director being add arry)	हिं क्रीके त्रोतिस्को स्वता जे ल्ला क्रिक्टिसिन क्रिक्टिस्ती की स्वीतिक क्रिक्टिक्ट्रिकेट ^L ©ÄB ७ स्व	Þŧ
	P = President V = V	ice President; FO = Chief Fi	nancial Officer. If an	e typice thie. retary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief officer/director holds more than one title, list the first letter of each office	
	a change, Mike Jones	s leaves the co	lowing manner. Curre proration, Sally Smith y Smith, SV as an Add.	ntly John Doe is listed as the PST and Mike Jones is listed as the V. There is is named the V and S. These should be noted as John Doe, PT as a Change,	
	Example: X_Change X_Remove X_Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith		
	Type of Action	<u>Title</u>	Name	<u>Addres</u> s	

X Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) NA Change Add	NA_	<u>NA</u>	
Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
(attach additional sh	neets, if neces.	nal Articles, enter change(s) here: sary). (Be specific)	

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•		<u> </u>
The date of eac date this docume		, if other than the
Effective date <u>i</u>	Solution November 1st 2024 (no more than 90 days after amendment file date)	
Note: If the date	e inserted in this block does not meet the applicable statutory filing requirem	ents, this date will not be listed as the
document's effe	ctive date on the Department of State's records.	
Adoption of An	nendment(s) (<u>CHECK ONE</u>)	

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(/s©_们ÜY

•		11/25/2024
	Dated	1/10: P. C.
		(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or
		other court appointed fiduciary by that fiduciary)
		Dave Curry (Typed or printed name of person signing)
		other court appointed fiduciary by that fiduciary) Dave Curry