



**State of Rhode Island
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Foreign Limited Liability Company

Amendment to Application for Registration

(Section 7-16-52 of the General Laws of Rhode Island, 1956, as amended)

ARTICLE I

The name of the limited liability company is Thrive Counseling, LLC

If the company's name is changing, state the new name: Thrive Counseling, LLC

If the company is changing its elected name in the State of Rhode Island, state the new name:

ARTICLE II

The statements in the application for registration were inaccurate when made or a change has occurred as follows, including, if applicable, a change made in Article I:

If the company duration is changing, so state: ☒ Perpetual ☐

If the address of the principal office of the limited liability company is changing, so state:

No. and Street: 1000 JEFFERSON STREET, SUITE 2C

City or Town: LYNCHBURG State: VA Zip: 24504 Country: USA

If the mailing address of the limited liability company is changing, so state:

No. and Street: 1000 JEFFERSON STREET SUITE 2C
SUITE 2C

City or Town: LYNCHBURG State: VA Zip: 24504 Country: USA

If the management of the limited liability company is changing, modify the following section:

☐ Members or ☒ Managers (check one)

The name and address of each manager (If LLC is managed by Members, DO NOT complete this section):

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	SCOTT GORDON	1000 JEFFERSON ST LYNCHBURG, VA 24504 USA

MANAGER	HEIDI FAUST	1000 JEFFERSON ST. SUITE 2C LYNCHBURG, VA 24504 USA
---------	-------------	--

The date this Amendment to Application for Registration is to become effective, not prior to, nor more than 90 days after the filing of this Amendment to Application for Registration.

Later Effective Date: 4/3/2025

This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

Signed this 3 Day of April, 2025 at 10:46:01 AM by the Authorized Person.

STEFANIE FRANK

Thrive Counseling, LLC

Form No. 451
Revised 09/07

© 2007 - 2025 State of Rhode Island
All Rights Reserved



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

April 03, 2025 10:44 AM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

