


PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

<input type="checkbox"/> Return document by mail to: Pamela A Raab Name 1255 Drummers Lane Suite 105 Wayne PA 19087 City State Zip Code <input type="checkbox"/> Return document by email to: _____	Certificate of Amendment-Domestic Limited Partnership/Limited Liability Company DSCB:15-8622/8822(rev. 2/2017)  8622
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Read all instructions prior to completing. This form may be submitted online at <https://www.corporations.pa.gov/>.

Fee: \$125.00

Check one: ☐ Limited Partnership (§ 8622) ☒ Limited Liability Company (§ 8822)

In compliance with the requirements of the applicable provisions (relating to certificate of amendment), the undersigned, desiring to amend its Certificate of Limited Partnership/Certificate of Organization, hereby certifies that:

1. The name of the limited partnership/limited liability company is:

THRIVV LLC

2. The date of filing of the original Certificate of Limited Partnership/Certificate of Organization:

1/4/2021

Date(MM/DD/YYYY)

3. The current registered office address on file with the Department of State: *Complete part (a) OR (b) – not both:*

(a)

Number and Street	City	State	Zip	County
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(b) c/o: C/O United States Corporation Agents, Inc. Lehigh

Name of Commercial Registered Office Provider	County
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4. Check, and if appropriate complete, one of the following:

☒ The amendment adopted by the limited partnership/limited liability company, set forth in full, is as follows:

The name of the limited liability company is: WETHRIVV LLC

☐ The amendment adopted by the limited partnership/limited liability company is set forth in full in Exhibit A attached hereto and made a part hereof.

5. Check, and if appropriate complete, one of the following:

☒ The amendment shall be effective upon filing this Certificate of Amendment in the Department of State.

☐ The amendment shall be effective on: _____ at _____
Date(MM/DD/YYYY) Hour (if any)

6. *Check if the amendment restates the Certificate of Limited Partnership/Organization:*

☒ The restated Certificate of Limited Partnership/Organization supersedes the original Certificate of Limited Partnership/Organization and all previous amendments thereto.

IN TESTIMONY WHEREOF, the undersigned limited partnership/limited liability company has caused this Certificate of Amendment to be executed this 23rd day of August, 2022 .

THRIVV LLC
Name of Limited Partnership/Limited Liability Company
Amy Batra
Signature
President
Title

Docketing Statement (Changes)
DSCB: 15-134B

BUREAU USE ONLY

☐ Revenue ☐ Labor & Industry

☐ Other _____

File Code _____ File Date _____

Part I. Complete for each filing:

Current name of entity or registrant (*survivor or new entity if merger or consolidation*):

THRIVV LLC

Entity number, if known: _____ Incorporation/qualification date in PA: _____

State of Inc: _____ Federal EIN: _____ Specified effective date, if any: _____

Part II. Check proper box:

☒ Amendment (complete Section A) _____ Merger, Consolidation or Division (complete Section B, C, or D)

_____ Consolidation (complete Section C) _____ Divison (complete Section D)

_____ Conversion (complete Section A & E) _____ Correction (complete Section A)

_____ Termination (complete Section H) _____ Revival (complete Section G)

_____ Dissolution before Commencement of Business (complete Section F)

☒ Section A - Check box(es) which pertain to changes:

☒ Name:

WETHRIVV LLC

☒ Registered Office: Number & street/RD number & box number City State Zip County

147 Heather Drive, New Hope, Bucks, PA, United States, 18938

☒ Purpose:

Holding and management company

_____ Stock (aggregate number of share authorized): _____ Effective date: _____

_____ Term of Existence: _____ Other: _____

_____ Section B - Merger Complete Selection A if any changes to surviving entity:

Merging Entities are: (*attach sheet for additional merging entities*)

Name:

Entity #, if known:

Effective date: Inc./qual. date in PA. State of Inc.

Name: Entity #, if known:

Effective date: Inc./qual. date in PA. State of Inc.

____ **Section C - Consolidation**

Consolidating Entities are: *(attach sheet for additional consolidating entities)*

Name:

Entity #, if known:

Inc./qual. date in PA.

State of Inc.

Name:

Entity #, if known:

Inc./qual. date in PA.

State of Inc.

____ **Section D - Division**

Forming new entity(s) named below: *(attached sheet for additional entities)*

Name:

Entity Number:

Name:

Entity Number:

Check one: ____ **Entity named in Part I survives. (any changes, complete Section A)**

____ **Entity named in Part I does not survive.**

____ **Section E - Conversion (complete Section A)**

Check one: ____ **Converted from nonprofit to profit** ____ **Converted from profit to nonprofit**

____ **Section F - Dissolved by Shareholders or Incorporators Before Commencement of Business**

____ **Section G - Statement of Revival *(complete section A for any changes to revived entity.)***

Entity named in Part I hereby revives its charter or articles which were forfeited by Proclamation or expired.

____ **Section H - Statement of Termination *(attach sheet for additional entities involved)***

____ **filed in the Department of State on** ____ **is/are hereby terminated.**

(type of filing made)

month/date/year hour, if any

If merger, consolidation or division, list all entries involved, other than that listed in Part I:

Name:

Entity Number:

Name:

Entity Number: