

**PENNSYLVANIA DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

<input type="checkbox"/> <b>Return document by mail to:</b> Pamela A Raab Name 1255 Drummers Lane Suite 105 Wayne PA 19087 City State Zip Code	<b>Certificate of Amendment-Domestic Limited Partnership/Limited Liability Company DSCB:15-8622/8822(rev. 2/2017)</b>  <b>8622</b>
<input type="checkbox"/> <b>Return document by email to:</b> _____	

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:

- The name of the limited partnership/limited liability company is:**  
THRIVV LLC
- The date of filing of the original Certificate of Limited Partnership/Certificate of Organization:**  
1/4/2021  
Date(MM/DD/YYYY)
- 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  
(b) c/o: C/O United States Corporation Agents, Inc. Lehigh  
Name of Commercial Registered Office Provider County
- 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.
- 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**

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**Name of Limited Partnership/Limited Liability  
Company**

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**Amy Batra**

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**Signature**

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**President**

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**Title**

Docketing Statement (Changes)  
DSCB: 15-134B

<b>BUREAU USE ONLY</b>	
<input type="checkbox"/> Revenue	<input type="checkbox"/> Labor & Industry
<input type="checkbox"/> Other _____	
File Code _____	File Date _____

Part I. Complete for each filing:

Current name of entity or registrant ( <i>survivor or new entity if merger or consolidation</i> ):			
THRIVV LLC			
Entity number, if known:	<input type="text"/>	Incorporation/qualification date in PA:	<input type="text"/>
State of Inc:	<input type="text"/>	Federal EIN:	<input type="text"/> Specified effective date, if any: <input type="text"/>

Part II. Check proper box:

<input checked="" type="checkbox"/> Amendment (complete Section A)	<input type="checkbox"/> Merger, Consolidation or Division (complete Section B, C, or D)
<input type="checkbox"/> Consolidation (complete Section C)	<input type="checkbox"/> Divison (complete Section D)
<input type="checkbox"/> Conversion (complete Section A & E)	<input type="checkbox"/> Correction (complete Section A)
<input type="checkbox"/> Termination (complete Section H)	<input type="checkbox"/> Revival (complete Section G)
<input type="checkbox"/> Dissolution before Commencement of Business (complete Section F)	

<input checked="" type="checkbox"/> Section A - Check box(es) which pertain to changes:
<input checked="" type="checkbox"/> Name:
WETHRIVV LLC
<input checked="" type="checkbox"/> Registered Office: Number & street/RD number & box number    City    State    Zip    County
147 Heather Drive, New Hope, Bucks, PA, United States, 18938
<input checked="" type="checkbox"/> Purpose:
Holding and management company
<input type="checkbox"/> Stock (aggregate number of share authorized): _____    Effective date: _____
<input type="checkbox"/> Term of Existence: _____    Other: _____

<input type="checkbox"/> Section B - Merger Complete Selection A if any changes to surviving entity:
Merging Entities are: ( <i>attach sheet for additional merging entities</i> )
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. _____

