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(Re	questor's Name)	
(Ad	dress)	
(Ad-	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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T. MATTHEWS

FEB - 8 2022

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	HIVE DESIGNS	Lesidential ited Liability Company	Remodelina,:
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Mative Des	Name of Person G S S S S S S S S S S S S S	Hal Kinude hug
		Address - Floricla 30 City/State and Zip Code	935
	32/ (1147/1/16) E-mail address: (City/State and Zip Code (SIG // S (O)/MO//, to be/used for future annual rep	On notification)
For further information co	oncerning this matter, please c	all:	
MICHAE / Name of	Person	ar(<u></u>	501-0034 Daytime Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	☑ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
No. alima A. A. A.		C4	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Yeative Designs	. Kesidential Ken	reselling El	25. C
(Name of the Limite	ed Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Lis Florida document number <u>L20000 2610</u>		12/15/21	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability company he	re:	
The new name must be distinguishable and contain the wo		rsignation "LLC" or the al	obreviation "L.L.C."
(Principal office address MUST BE A STREE)	T ADDRESS)		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE I	<u></u>	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or re agent and/or the new registered office addres	s here:		ne of the new registered
Name of New Registered Agent:	Leah M. Sull	VAN	
New Registered Office Address:	bal Croton Kua	da street address	
	Milhouine	, Florida	32935
	City		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.

If Changing Registered Agent, Signature of New Registered Agent

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
VP	Mail Eduald Jostoli,-	L. 915 Savasota Dewe Falm Bay, Fr 32909	□Add
		talm Bay, fr 30909	🖾 Remove
	1 1 (1 . 11)		□Change
MER	Michelle thrusth come	io 918 Sarasota Drive.	□Add
		io 915 Sarasota Drive. Falm Bay, fr 32909	DRemove
	4		□Change
<u>AMBR</u>	Leah Michelle Sulliya		DAdd
		Melbuyne, fr 32935	□Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			Chango

(If an el	tive date, if other than the date of filing:
he reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member