*L11000001452

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EXAMINER



200214849832

12/09/11--01020--028 **30.00



COVER LETTER

TO: Registration S Division of Co						
SUBJECT:	Н	IV'Ebids, LLC				
Sobreci,		ited Liability Company				
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.				
Please return all corresp	oondence concerning this matter	to the following:				
		Ricardo Hinds		-		
		Name of Person				
		HIV'Ebids, LLC		-		
		Firm/Company				
		5510 Lincoln st.		771	21	
		Address		とは		
	ŀ	Hollywood, FL 33021		が対象	20 ÎI DEC -9	
		City/State and Zip Code				Ì
	E-mail address: (1	dsricardo@gmail.com to be used for future annual report	notification)	T.	出版	1966
For further information	concerning this matter, please c	·		RE	GUT GUT GUT	•
R	icardo Hinds	at (954,)	305-5731	444.		
	of Person		aytime Telephone Number	r		
Enclosed is a check for t	the following amount:					
□ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enci	losed) Certified	ite of Status		
Regist Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/CO Registration S Division of Co Clifton Buildi	orporations			

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HIV'Ebids	s, LLC		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears ability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company v	were filed on	1/5/2011	and assigned
Florida document number <u>L11000001452</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here	; :	
HIVE MarketPl	ace, LLC		
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Compan	y," the designation	
L.L.C.			
Enter new principal offices address, if applicable:			7 (f) 2 (f) 3 (f) 3 (f) 4 (f)
(Principal office address MUST BE A STREET ADDRESS)			
			883. 60 L
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			5 60
Annual William State of the Sta			
B. If amending the registered agent and/or registered offic	ce address on ou	ır records, enter	the name of the new
registered agent and/or the new registered office address here:			
Name of New Registered Agent:	·····		
New Registered Office Address:			
	Ente	er Florida street ad	dress
		, Florida	
	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 608, 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			
			— ••
			Add According to Add
			A SECONDOVE
D. If amendir	ng any other information, enter char	nge(s) here: (Attach additional sheets, if necessar	
			
	2/5/2011 ,		
Datedi		 	

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Filing Fee: \$25.00