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M. MILLIGAN AUG 29 2017

## **COVER LETTER**

TO:	Registration Section Division of Corpo			
SUBJI	ECT:	BEEHIVE 1	L.L.C. ed Liability Company	
The en	closed Articles of Ar	mendment and fee(s) are subm	nitted for filing.	
Please	return all correspond	lence concerning this matter to	the following:	
		BRADL	Ey S COULTE Name of Person	FR
			Firm/Company	
		2533	LEMW LAN Address	<u>E</u>
		Dradleys E-mail address: (to	ASSEE FL. 33 City/State and Zip Code SCOV/TET P Q M be used for future annual report no	2308 16, 1. com
For fur	ther information con	cerning this matter, please cal		
(	SRADLEY Name of P	S. $COULTER$ erson	at (561) 69 Area Code Dayti	7 - 8637 me Telephone Number
Enclos	ed is a check for the	following amount:		
<b>ps</b> (\$2:	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

\*

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

FILES SELVE TARY OF LIATE UIVESION OF COMMORATIONS

## ARTICLES OF AMENDMENT 17 AUG 29 PH 12: 34 TO ARTICLES OF ORGANIZATION OF

BEELTIVE.	1, L.L.	, C.	
(Name of the Limited (A	Liability Company Florida Limited Lia	as it now appears on bility Company)	our records.)
The Articles of Organization for this Limited Liab Florida document number	oility Company w	ere filed on	0/15/14/ and assigned
This amendment is submitted to amend the follow			
A. If amending name, enter the new name of the $\mathcal{N}/\mathcal{A}$			
The new name must be distinguishable and contain the word	ls "Limited Liability	Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	N/A	
(Principal office address MUST BE A STREET A	ADDRESS)	<u> </u>	
	-		
Enter new mailing address, if applicable:	_	N/A	
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>		
	-		
B. If amending the registered agent and/or registered agent and/or the new registered office	registered offic e address here:	e address on ou	r records, enter the name of the nev
Name of New Registered Agent:	N/A		
New Registered Office Address:	NA	P , PH	
	,	Enter Florida si	reet address
-			, Florida Zip Code
		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
mgR	John S. Coulter	4922 Lester Rd Tall Fo	, 323/7 -, <b>S</b> Add
			□ Remove
			Change
MGR	Sonathon B. Coultr		
		Jonethan B. Carther 120 W.S	12 Na dr. 150 100 5
			Change
MyR	Berry C. Coulter	BARRY C. Conter P.O. Bux	12/1. FZ. 333/34 52740 Add
		<del></del>	<b>D</b> Remove
			☐ Change
MyR	BELINDA JOY NAWALANY		Add
	,		□ Remove
			☐ Change
			Add
			☐ Remove
		<del></del>	Change
			Remove
			Change

If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)	ı	
-			
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fan effecti <u>Note:</u> If	date, if other than the date of filing:    S	fursuant to 605.020	17 (3 s th
The 90	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. or 0th day after the record is filed.	the earlier o	of:
Dated	August 24, 2017 Bb S. Ll		
	Bh & Ll		
	Signature of a member or authorized representative of a member	<b>77.</b>	<u> </u>
	BRANLEY S. COULTED	AUG 219	 _ d
	Typed or printed name of signee		ア ア イー
	Page 3 of 3	PH 12: 31	독 9 2
	Filing Fee: \$25.00	<b>မ</b> ူး	:-

Filing Fee: \$25.00