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| (Requestor's Name)                      |
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| (Address)                               |
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| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
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Office Use Only



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12301 Lake Underhill Road, Suite 213 Orlando, Florida 32828-4511

> Tel: 407.512.4394 Fax: 407.955.4654

November 13, 2018

Division of Corporations Registration Section Post Office Box 6327 Tallahassee, FL 32314

Re: Hive V.O.C. LLC

To Whom It May Concern:

Enclosed please find the original Articles of Amendment and the corresponding fee of \$25.00 for **Hive V.O.C. LLC**. Kindly process the Amendment and contact my office at the above listed telephone number if any questions or concerns arise.

Thank you for your assistance.

Sincerely,

Jennifer A. Englert

JAE: cft

Enclosure: Hive V.O.C. LLC Amendment

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Hive V.O.C. LLC   |  |   |                              |
|---|--|---|------------------------------|
| (Name of the Limi   | ted Liability Compa<br>(A Florida Limited) | ny as it now appears on our records,)<br>Liability Company) |                              |
| The Articles of Organization for this Limited L<br>Florida document number <u>L17000194076</u>          | iability Company                           | were filed on September 19, 2017                            | and assigned                 |
| This amendment is submitted to amend the foll   | owing:                                     |   | 7.1.<br>1.1.                 |
| A. If amending name, enter the new name o   | f the limited liab                         | ility company here:   | 7. T.                        |
| The new name must be distinguishable and contain the v  | vords "Limited Liabi                       | lity Company," the designation "LLC" o                      | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) |  | 12301 Lake Underhill Road. Suit                             | te 213 📜 🥳                   |
|   |  | Orlando, Florida 32828                                      |                              |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                    |  | 12301 Lake Underhill Road, Suit<br>Orlando, Florida 32828   | ie 213                       |
| B. If amending the registered agent and registered agent and/or the new registered o                    |  |   | enter the name of the ne     |
| Name of New Registered Agent:   | Jennifer A. Eng                            | glert   |                              |
| New Registered Office Address:  | 12301 Lake Ur                              | iderhill Road, Suite 213                                    |                              |
|   | Enter Florida street address               |   |                              |
|   | Orlando                                    | , Flor  | ida <u>32828</u>             |
|   |  | 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.

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 |

| Title | <u>Name</u> | Address     | Type of Action      |
|-------|-------------|-------------|---------------------|
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| Effective date, if other than the date of filing:  If an effective date is listed, the date must be specific and cannot be prior to date  Note: If the date inserted in this block does not meet the applicable st document's effective date on the Department of State's records. | (optional) c of filing or more than 90 days after filing.) Pursuant to 60, tatutory filing requirements, this date will not be list |
| the record specifies a delayed effective date, but not an The 90th day after the record is filed.  Dated   | effective time, at 12:01 a.m. on the earli  |
| ( de south hel to  | representative of a member  |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00