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PICK-UP	WAIT	MAIL
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Special Instructions to Filing	Officer:	
	J. HORNE	
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Office Use Only



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FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-624

EXAMINER'S INITIALS:_____

Please use funds from this account: 12021000	00160 Amount: \$ <u>25.00</u>
Authorization Signature: Hive Commercial Realty LLC	L19000108953
Business	Document #
Walk in Pick up time Mail out	Will wait
Photocopy	
Certified Copy of Articles of Organization	
Certificate of Status	
NEW FILINGS Profit Not for Profit Limited Liability Domestication LLLP CORP	AMMENDMENTS X_Amendment Resignation of R.A. Officer/Director Change of Registered Agent Dissolution/ Merger Conversion AFFIDAVID BY FOREIGN CORP
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing
Fictitious Name	Statement of PartnershipReinstatement
APOSTIL	Other
Country	

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NEW FILINGS	<u>AMMENDMENTS</u>
Profit Not for Profit	X_Amendment Resignation of R.A. Officer/Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/
LLLP	Merger
CORP	Conversion AFFIDAVID BY FOREIGN CORP
OTHER EILINGS	
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing
	Statement of Partnership
Fictitious Name	Reinstatement
APOSTIL	Other
Country	

COVER LETTER

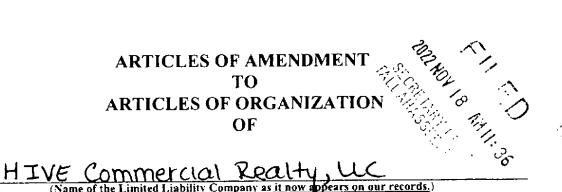
Division of Cor			
SUBJECT: <u>H</u>	IVE Commerc Name of Lim	lal Realty UC ited Liability Company	<u>.</u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jarrod	Etheridge Name of Person	
	HIVE C	Ommercial Real	ty LLC
	12301 Lake	Underhill Rd.	suite 213
	or lando,	FL 32828 City/State and Zip Code	
	Jetheridge E-mail address: (to be used for future annual report not	group. Com
For further information of	oncerning this matter, please co	all:	
Jarrod Et	havidge of Person	at (<u>407</u>) <u>406</u> Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 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 Addres		Street Address: Registration So	ection
Division of C	Corporations	Division of Co The Centre of	•

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF



(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 04/22/2019 and assigned Clorida document number <u>L19000108953</u> .
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
HIVE Realty LUC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.C."
Enter new principal offices address, if applicable:
Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)
3. If amending the registered agent and/or registered office address on our 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: Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. Hurther 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>	<u>Name</u>	Address	Type of Action
			□Add
			☐Remove
			Change
			□Add
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			Change
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ote: I	e date, if other than the date of filing:
record is file	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 d.
ated _	November 18 2022
	/ hund / the
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member Jarrod Etheridge Typed or printed name of signee