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(Requestor's Name) (Address) (Address)	700346372837
(City/State/Zip/Phone #) PICK-UP (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: Office Use Only	06./16./2000015001 ++25.0)
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COVER LETTER

TO: **Registration Section Division of Corporations**

SUBJECT:

Sarah Cowie

HIVE Media Studio, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sarah Cowie Name of Person HIVE Media Studio, LLC Firm/Company 1304 N. Maitland Ave. Address Maitland, FL 32751 City/State and Zip Code sarah@hivemediastudio.com E-mail address; (to be used for future annual report notification) For further information concerning this matter, please call: 758-3029 407 at Name of Person Daytime Telephone Number Area Code Enclosed is a check for the following amount: □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. S25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

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

HIVE Media Studio, LLC

(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 01/30/2020 and assigned Florida document number L20000036926

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
• • • • • • • • • • • • • • • • • • •	
	5 171
Enter new mailing address, if applicable:	F
(Mailing address MAY BE A POST OFFICE BOX)	
	5

B. 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:

New Registered Office Address:	Enter Florida street address	
		. Florida
	Cin	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:

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MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Sarah Cowie	1304 N. Maitland Avc.	🖸 Add
		Maitland, FL 32751	Remove
			🖾 Change
MGR	Kelley Wilson	5141 Amsterdam Court SW	🗆 Add
		Lilburn, GA 30047	Remove
			Change
AMBR	Sarah Cowie	1304 N. Maitland Ave.	■Add
		Maitland, FL 32751	🗆 Remove
			Change
AMBR	Kelley Wilson	5141 Amsterdam Court SW	■Add
		Lilburn, GA 30047	CRemove
			Change
			🖸 Add
			Change
			🗆 Add
			🗆 Remov e
			Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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late, if other than the date of filing:	(optional)

E. Eff 207 (З)(Б) (If an Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated May 26th 2020

Sarah Cowie

Signature of a member or authorized representative of a member

Sarah Cowie

Typed or printed name of signee

Filing Fee: \$25.00