

12000000 36926

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

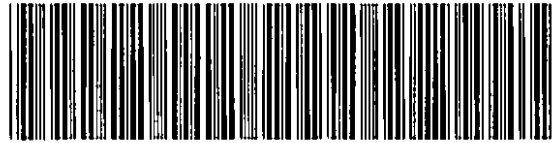
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2020 JUL 16 AM 11:51

FILED

Amend

JUL 25 2020

1 ALBRITTON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 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:

Sarah Cowie

407

758-3029

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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

**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>	<u>Address</u>	<u>Type of Action</u>
MGR	Sarah Cowie	1304 N. Maitland Ave.	<input type="checkbox"/> Add
		Maitland, FL 32751	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Kelley Wilson	5141 Amsterdam Court SW	<input type="checkbox"/> Add
		Lilburn, GA 30047	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Sarah Cowie	1304 N. Maitland Ave.	<input checked="" type="checkbox"/> Add
		Maitland, FL 32751	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Kelley Wilson	5141 Amsterdam Court SW	<input checked="" type="checkbox"/> Add
		Lilburn, GA 30047	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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 signer

**Filing Fee: \$25.00**