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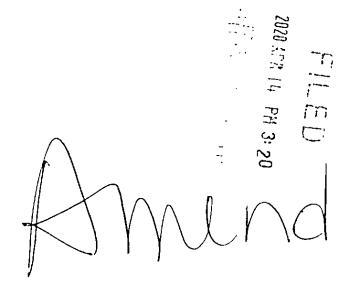
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COVER LETTER

TO: Registration Sec Division of Corp		•	
SUBJECT: HIVE	NEWCUS	tomers LLC	
-	Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	idence concerning this matter	to the following:	
	<u>Karen</u>	Name of Person	
	HireNeu	CUStomErSLLC Firm/Company	
	1448 NE	27th ct	
	Pompano	Λ — ·	
	Karenja M.	to be used for future annual report hotification)	
For further information co	ncerning this matter, please ca	all:	
harring Mame of	CCa Skill Person	at (<u>U30</u>) 465-8576 Area Code Daytime Telephone Number	
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)	
<u>Mailing Address</u> Registration S		Street Address: Registration Section	
Division of Co	orporations	Division of Corporations	
P.O. Box 632		The Centre of Tallahassee	
Tallahassee, F	レ リムリ 14	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

11 renember 12 March 11 d

(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.)		
The Articles of Organization for this Limited Liability Company were filed on <u>April 5th 2020</u> and assigned Florida document number <u>L 2000097555</u>			
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 Enter new principal offices address, if applicable:	," the designation "LLC" or the abbreviation "L.L.C."		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	2020 AFR		
(Mailing address MAY BE A POST OFFICE BOX) ———————————————————————————————————	3 C		
B. If amending the registered agent and/or registered office address on agent and/or the new registered office address here:	our records, enter the name of the new registered		
Name of New Registered Agent:			
New Registered Office Address:	nter Florida street address		
	Florida		

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
AMBR	KurenjaMCCuskill	1448 NEZTHACT	I\$XAdd
		1448 NEZ 7th Ct POMPanoBeach, FL	Remove
		33064	□Change
		<u>.</u>	🗆 Add
			Remove
			□Change
			□Add
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			□Remove
			Change
			🗆 Add
			□Remove
			□Change

II ainc	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ve date, if other than the date of filing:
he recor ord is fil	d 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 ed.
Dated	4-13-20
	Waren Made and Market Constitution of a member
	Karenja MC (a Shill Typed or printed name of signee

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