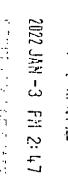


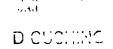
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





91/03/22--01006--002 **25.00





COVER LETTER

Division of Co						
	EACH LLC					
SUBJECT:	Name of Lin	nited Liability Company				
	Amendment and fee(s) are sub	-				
ricase tetum an correspo	LEONARDO FIGUEIRE	•				
	SOLUTION ADVISING	Name of Person				
	5728 MAJOR BLVD - SU	Address				
	ORLANDO - FLORIDA -	- 32819 City/State and Zip Code			2022 JAH -3	w t;
	info@solutionadvising.con E-mail address: (to be used for future annual report notifi	ication)		¥-3	
For further information c	oncerning this matter, please c	all:			PH 2	. :
LEONARDO FIGUEIR			9 FH 2: 47			
Name o	l'Person	Area Code Daytime	Telephone Number			
Enclosed is a check for the	ne 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 Fill Certificat Certified (additional)	e of Sta Copy	tus &	
MAIL	ING ADDRESS:	STREET/COURIE	ER ADDRESS:			

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HIVES BEACH LLC		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on ou da Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability	Company were filed on 07/06/202	and assigned
Florida document number 1.20000189413		7
This amendment is submitted to amend the following:		2:11
A. If amending name, enter the new name of the lir	nited liability company here:	, · · ·
HIVES ENTERPRISE GROUP LLC		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	P . Pl . 1	4.11
	Enter Florida stree	t adaress
		, Florida
	Cny	z.ip coae

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:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			Change
			Remove
			Change
			Add
			□ Remove
			Change
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			Remove
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THIS	COMPANY	WILL	START	TO V	WORK	WITH	GENERAL	SERVI	CES.			
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Effective da If an effective Note: If the document's of	late is listed. date inserte	the date m d in this	iust be spo block do	ecific ar	nd canr meet	the app	licable stati	filing or m utory filing	ore than 90 g requirem	(option days after f ents, this	ling.) Purs	uant to 605,0 not be listed
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Dated	r	Docu S ign	ed by:		- `		·					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00