L2100013620

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10/23/24--01007--005 **25.00

COVER LETTER

TO: Registration Section

Division of Corporations

Tallahassee, FL 32314

The Crafty SUBJECT:			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Leana Garcia		
		Name of Person	
		Firm/Company	,
	14310 SW 8th St.		
	<u></u>	Address	
	Miami, FL 33184		·
	leanagarcia20@gmail.com	City/State and Zip Code	
		to be used for future annual re	port notification)
For further information of	oncerning this matter, please ca	all:	
Leana Garcia		305 951-4 at ()	
Name c	of Person	Area Code	Daytime 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		<u>Street Add</u> Registrat	ress: ion Section
Division of C	Corporations	Division	of Corporations
P.O. Box 632	27	The Cent	re of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE CRAFTY PIC, LLC			
(Name of the Lim	ited Liability Com (A Florida Limite	pany as it now appears on our r d Liability Company)	ecords.)
e Articles of Organization for this Limited	Liability Compar	ny were filed on March 9, 20.	21 and assigned
orida document number 1.21000113620			
s amendment is submitted to amend the fo	llowing:		
If amending name, enter the new name	of the limited lia	ability company here:	
EHIVE CREATIVE MEDIA, LLC			
new name must be distinguishable and contain the	words "Limited Lia	bility Company," the designation	"LLC" or the abbreviation "L.L.C."
nter new mailing address, if applicable: <u>failing address MAY BE A POST OFFICI</u>	E <i>BOX</i>)		
If amending the registered agent and/or ent and/or the new registered office addr		e address on our records, <u>c</u>	enter the name of the new regist
Name of New Registered Agent:	Leana Leticia Garcia		
New Registered Office Address:	14310 SW 8t	h St. Suite 0434	
	<u> </u>	Enter Florida street e	address
			22101
	Miami		_, Florida <u>33184</u>

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 Received 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
	A1		bbA□
			□Remove
			Change
			□Add
			□Remove
			Change
			□ Remove
			□ Change
			□Add
			□Remove
		<u>-</u>	☐ Change
			□Add
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			□Change

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ective date, if other the	han the date of fi	Novemb	er 1st, 2024	(0	optional)	
effective date is listed, the E: If the date inserted i	date must be specific	and cannot be properties and	ior to date of filing	or more than 90 days	after filing.) Pursuant t this date will not b	.o 605.01 e listed
ument's effective date of	on the Department	of State's recor	ds.			
cord specifies a delayed	effective date, but	not an effective	e time, at 12:01 a.	m. on the earlier o	f: (b) The 90th day	/ after ti
s tiled.						
ed October 15	\mathcal{T}	2024				
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CUL E COEM

Typed or printed name of signee