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DIVISION OF CORPORATION 22 JUN -7 PH 2: 31

T. MATTHEWS
JUN 17 2024

## **COVER LETTER**

Div	ision of Cor			
• SUDIFOT.	HiveWorks			
SUBJECT:		Name of Lin	ited Liability Company	····
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Michael Dempsey		
			Name of Person	
		ZenBusiness Inc.		
			Firm/Company	
		336 E College Ave. Ste 30	)	
336 E College Ave, Ste 301 Address		•		
Tallahassee, FL 32301				
			City/State and Zip Code	
		fulfillment@zenbusiness.co		
Con Combon to	· ¢ • ;		to be used for future annual rep	ort notification)
		oncerning this matter, please c	311:	
Michael Den		enBusiness Inc.	844 493-6 at ()	249 Daytime Telephone Number
	Name o	f Person	Area Code	Daytime Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	ling Addres gistration S		<u>Street Addr</u> Registratio	r <u>ess:</u> on Section
Div	ision of C	orporations	Division of	of Corporations
P.C	Dox 632	7	The Centr	e of Tallahassee

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF CORPORATIONS. OF 22 JUN -7 PM 2:31

HiveWorkshop LLC

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 "L.L.C." or the abbreviation "L.L.C."  Inter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the new registered office address on our records, enter the name of the new registered.	(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on o Liability Company)	ur records.)	
his amendment is submitted to amend the following:  If amending name, enter the new name of the limited liability company here:  In new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Inter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the new registered address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address		y were filed on 11/16/20	21	and assigned
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 "L.L.C." or the abbreviation "L.L.C."  Inter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the new registered address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address	Florida document number 1221000771010			
ne new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Inter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address	This amendment is submitted to amend the following:			
nter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the new register and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address	A. If amending name, <u>enter the new name of the limited lial</u>	bility company here:		
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nter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the new register and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address	Enter new principal offices address, if applicable:			
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New Registered Office Address:  Enter Florida street address	agent and/or the new registered office address here:	address on our record	s, enter the name of	me new regisi
New Registered Office Address:  Enter Florida street address				
Enter Florida street address	Name of New Registered Agent:			
Enter Florida street address	New Registered Office Address:			
Florida		Enter Florida street address		
			Florida	<u>.</u>
·		•	Z.	p Code
ew Registered Agent's Signature, if changing Registered Agent:	New Registered Agent's Signature, if changing Registered Agent	<u>:</u>		
hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply w ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an				

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>	<u>Address</u>	Type of Action
MGRM	David Wilton Crabtree II	604 Dunblane Drive	
		Winter Park, FL 32792-4621	□Remove
			€ Change
MGR	Kristina Harrison Crabtree	604 Dunblane Dr	■Add
		Winter Park, FL 32792	
			□Change
			🗆 Add
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fective date, if other than the can effective date is listed, the date must ote: If the date inserted in this bloocument's effective date on the Department	be specific and cannot be prior ck does not meet the applic	cable statutory filing re	(optional) than 90 days after filing.) Pursuant equirements, this date will not	to 605.0207 be listed as
record specifies a delayed effective is filed.	date, but not an effective t	ime, at 12:01 a.m. on t	he earlier of: (b) The 90th da	y after the
med May 16	2022	<u>.                                    </u>		
	-1-1			
<u> </u>	abtree 11			
/s/ David Wilton Cr	ADTYPE [1] Signature of a member or auth	orized representative of a	nember	<del></del>

Filing Fee: \$25.00