L22000055644

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SECRETARY OF STATE
ALLAHASSEE FLORIDA



COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Dwl	ia Hive LLC	•	
SUBSECT:		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:	
	Rache	Name of Person	
	Pouls	a Hive LLC Firm/Company	
	15803	Cottontail Pl.	
	Tampo	FL 33624 City/State and Zip Code	
	E-mail address: (i	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	all:	
Rachel Name o	Caghlin FPerson	at (813) UIS Daytim	OU18 ne 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 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Doula Hive	LC	
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our reco. Liability Company)	rds.)
The Articles of Organization for this Limited Liability Company	were filed on $\frac{2}{2}$	and assigned
florida document number \-2200055644		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
		· · · · · · · · · · · · · · · · · · ·
he new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		D = 1
Principal office address MUST BE A STREET ADDRESS)		HASSE
		
Enter new mailing address, if applicable:		5m =
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ente</u>	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ess
	, E	Florida Zip Code
	==v	,

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 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>	Name	Address	Type of Action
AMBL	Aubrey Hunnicutt	1321 Lisabelle Lane Apt 12	07 % Add
	ľ	1321 Lisabelle Lane Apt 12 Holiday, FL 34691	□ Remove
			□Change
			□Add
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an effective da	e is listed, the o	date must be sp	pecific and ca	annot be prior	to date of filin		ın 90 days afi	ter filing.)			
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