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TO:	Registration S Division of Co		7.e			z /	
0115.41	The Hive I	lealth, LLC			•	· •	
SUBJEC	۲۱:	Name of Lin	nited Liability Compan	<u>y</u>		_	
The encl	osed Articles of	Amendment and fee(s) are sub	bmitted for filing.				
Please re	eturn all correspo	ondence concerning this matter	to the following:				
		Richard P Anderson Jr					
			Name of Perso	n			
		The Hive Health, LLC					2
			Firm/Company	·	-		72[
3483 Gulf Shore Blvd N			502			÷,	
			Address				61
		Naples, FL 34103					=
			City/State and Zip (Code			CT.
		randerson@thehivehealth.co					Ω,
		E-mail address: ((to be used for future as	nnual report notific	cation)		
For furth	er information o	concerning this matter, please c	call:				
Richard	P Anderson Jr		414 at (712-0900			
	Name o	d' Person	Area Code	Daytime	Telephone Nu	mber	
Enclosed	l is a check for t	he following amount:					
■ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Cop (additional copy	ру	Cert Cert	00 Filing Fee, ificate of Statuified Copy tronal copy is encl	
	Mailing Addres			eet Address:	tion		
	Registration Division of C			gistration Sect vision of Corp			
	P.O. Box 632	27		e Centre of Ta			
	Tallahassee.	FL 32314	241	15 N. Monroe	Street, Sui	te 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Hive Health, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Compa- florida document number L22000142520	any were filed on March 23, 2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
he new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or th	
Enter new principal offices address, if applicable:		022 [
Principal office address MUST BE A STREET ADDRESS)	<u> </u>
		9
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		55
Pruning dudiess MAT DE ATOST OFFICE BOAT		
3. If amending the registered agent and/or registered offingent and/or the new registered office address here:	ce address on our records, enter the n	ame of the new regist
Name of New Registered Agent:		
New Registered Office Address:	<u></u> -	
	Enter Florida street address	
	, Florida	
	City	Zip Code

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

Title	<u>Name</u>	Address	Type of Action
AMBR	Lakeshore Design Group, Inc	3483 Gulf Shore Blvd N #502 Naples, FL 34103	■Add
			□Remove
			□Change
AMBR	RDK Holdings, Inc.	5722 E. 105 Ln, Crown Point, IN 46307	■Add
			□Remove
			Change
			□Add
		· · · ·	Remove Change
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fective date, if other than the date of filing:	it be prior to date o ne applicable sta	of filing or more than		ng.) Pursuant to 60	
ecord specifies a delayed effective date, but not an el is filed.	fective time, at	12:01 a.m. on the	earlier of: (b)	The 90th day af	ter th
ted December 5th 202					
<i>L</i> -					

Filing Fee: \$25.00