## 123000129603

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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October 23, 2023

KEVIN OSORIO 206 SW 105 PLC MIAMI, FL 33174

SUBJECT: THE CHRONO HIVE LLC

Ref. Number: L23000129603

We have received your document for THE CHRONO HIVE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida Not for Profit Coporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 323A00024600

Morgan E Lovett Regulatory Specialist II

www.sunbiz.org

## CÖVER LETTER

TO: Registration Se Division of Cor			
	o Hive LLC		
SUBJECT:	Name of Limi	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:	
	Kevin Osorio		
		Name of Person	<del></del>
	THE CHRONO HIVE LL	C	
		Firm/Company	<del></del> -
	206 SW 105 PL		
		Address	
	Miami, FL 33174		
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
	kosor@protonmail.ch		- 178
p 6 1 1 6 1		to be used for future annual report	iotification)
For further information c	oncerning this matter, please c	att:	۳ د د
Kevin Osorio		305 588-0848	
Name o	of Person	Area Code Day	time 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		Street Address Registration	
Division of C	Corporations	Division of C	Corporations
P.O. Box 632	27	The Centre of	of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLÉS OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Compar	ny as it now appears on our records.) hability Company)	<del></del>			
	(A Florida Limited L	iability Company)				
The Articles of Organization for this Limited I	Liability Company	were filed on March 13, 2023	and assigned			
Plorida document number 1.23000129603	·					
This amendment is submitted to amend the fol	llowing:					
A. If amending name, enter the new name (	of the limited liabi	lity company here:				
The new name must be distinguishable and contain the	words "Limited Liabili	ity Company," the designation "LLC" or the	abbreviation "L.L.C."			
Enter new principal offices address, if applicable:		206 SW 105 PL				
Principal office address MUST BE A STRE	ET ADDRESS)	Miami, FL 33174				
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		206 SW 105 PL Miami, FL 33174				
			,			
3. If amending the registered agent and/or		ddress on our records, enter the na	me of the new regis			
igent and/or the new registered office addre	ess nere:		·			
	Kevin Osorio		<i>:</i> .			
Name of New Registered Agent:			<u> </u>			
New Registered Office Address:	206 SW 105 PL		· ż			
		Enter Florida street address	- 1 E			
	Miami	, Florida <u>-</u>	33174			
		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

<u>Title</u>	Name	Address	Type of Action
AMBR	Kevin Osorio	206 SW 105 PL	□Add
		Miami, FL 33174	□Remove
			<b>□</b> Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			\_Add \frac{3}{5}
			□Change
			□ Add
			□Remove
			Change
			□Add

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ffective date,	if other than the	date of filing	g: <u>November</u>	11, 2023		(optior	ıal)	
ote: If the date	is listed, the date must inserted in this blo ctive date on the De	ock does not n	neet the applic	cable statutory	g or more than to tiling require	00 days after fi ements, this c	ling.) Pursuant t late will not be	o 605.0201 e listed <u>ä</u> š
								<u></u>
record specifies l is filed.	a delayed effective	date, but not	an effective t	ime, at 12:01	a.m. on the e	arlier of: (b)	The 90th day	after the
Novembe	r!  	,	2023					
				<del></del>				
	/T							
	0-	Signature of a r	nember or auth	iorized represen	tative of a mer	nber		_

Filing Fee: \$25.00