## 5M025

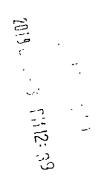
| (Requestor's Name)                      |
|---|
| (Address)                               |
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| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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CCT 2 : 2019

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

| NAME OF CORPOR   | ATION: HORS                                | SON           | GR  | PORF       | ATION   |
|--|--|---------------|---|------------|---|
| DOCUMENT NUMBI   |  | 509           | 02  | 5          |   |
| The enclosed Articles of   | f Amendment and fee are sub                | mitted fo     | r filing.   |            |   |
| Please return all corresp  | ondence concerning this mat                |               |   |            |   |
|  |  | 7be           | K   | 055        | ESQ   |
| _  | A·K  | <u>220</u>    | AT  | TOR/       | NEY   |
| _  | 782 NW 4                                   | 2 A           |   | VE 7       | <del>4</del> 530  |
|  | MIAM                                       | 11            | Address   | FL         | 33126   |
| -  |  | City/ S       | tate and Zi   | p Code     |   |
| AKOSSATTORNEY @ BELLSOUTH. NET  E-mail address: (to be used for future annual report notification) |  |               |   |            |   |
| For further information  | concerning this matter, pleas              | se call:      |   |            |   |
| ABO  | E KOSS E                                   | SQ            | at (38  | 5          | 4434343<br>C Daytime Telephone Number   |
| Name o   | f Contact Person                           |               | .A.   | rea Code & | c Daytime Telephone Number  |
| Enclosed is a check for  | the following amount made                  | payable to    | the Florid  | a Departm  | ent of State:   |
| X S35 Filing Fee   | □\$43.75 Filing Fee & Certiŭcate of Status | Certi<br>(Add | 75 Filing Fo<br>ified Copy<br>itional copy<br>osed) |            | \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
| <u>Mail</u>  | ling Address                               |               | ;   | Street Ado | dress   |

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tailahassee, FL 32301

## Articles of Amendment

to

Articles of Incorporation

of

## HORSON GORPORATION

(Name of Corporation as currently filed with the Florida Dept. of State)

509025

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

| A. If amending name, enter the new name of the corporation:   | NA                                | The new                                  |
|---|-----------------------------------|--|
| name must be distinguishable and contain the word "corporation<br>"Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "C<br>word "chartered," "professional association," or the abbreviation "I | Zo". A professional corp<br>P.A." | poration name must contain the           |
| B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u> )  |                                   | T 37 Street<br>FL 33012                  |
| C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )   | SAME AS                           | ABOVE                                    |
| D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:   | ,                                 |  |
| Name of New Registered Agent  782  (Florida stre  |                                   | AUE #530                                 |
| New Registered Office Address: MIAW   |                                   | , Florida <u>FL 3312</u> 6<br>(Zip Code) |
| New Registered Agent's Signature, if changing Registered Agent:<br>I hereby accept the appointment as registered agent. I am familiar w   |                                   | tions of the position.                   |
| <u> </u>  |                                   | SQ                                       |
| Signature of New Re   | zgistered Agent, if changi        | ng                                       |

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Example: $\underline{X}$ Change | PT John Doe              |                     |
|---------------------------------|--------------------------|---------------------|
| X Remove                        | V Mike Jones             |                     |
| X Add                           | SV Sally Smith           |                     |
| Type of Action (Check One)      | <u>Title</u> <u>Name</u> | Address             |
| 1) Change                       | PVT WALFRIDO JAIME       | 18 EAST 21 STREET   |
| Add                             | D                        | HIALEAH FL33010     |
| X Remove                        |                          |                     |
| 2) Change                       | PD DOLORES PINO JAIL     | ME 55 WEST 37 steet |
| X Add                           | <i>S</i>                 | HIALEAH FL 33012    |
| Remove                          |                          |                     |
| 3 ) Change                      |                          |                     |
| Add                             |                          |                     |
| Remove                          |                          |                     |
| 4) Change                       |                          |                     |
| Add                             |                          |                     |
| Remove                          |                          |                     |
| 5) Change                       |                          |                     |
| Add                             |                          |                     |
| Remove                          |                          |                     |
| 6) Change                       |                          |                     |
| Add                             |                          |                     |
| Remove                          |                          |                     |

| Attach additional sheets, if necessary),   | icles, enter change(s) her<br>(Be specific)          |  |                   |             |
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|  |  |  |                   |             |
| If an amendment provides for an exc<br>provisions for implementing the ame<br>(if not applicable, indicate NA) | hange, reclassification, of endment if not contained | r cancellation of issued<br>in the amendment its | d shares.<br>elf: |             |
|  |  |  |                   |             |
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| · · · · · · · · · · · · · · · · · · ·  | <u>.</u>   | ·  |                   |             |
|  |  |  |                   |             |

| The date of each amendment(s) adoption:, if other than the   |
|--|
| date this document was signed.   |
| Effective date if applicable: OCT 1, 2019  |
| (no more than 90 days after amendment file date)   |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.         |
| Adoption of Amendment(s) (CHECK ONE)   |
| The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.   |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):       |
| "The number of votes cast for the amendment(s) was/were sufficient for approval  |
| by"  (voting group)  |
| (voting group)   |
| ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.  |
| ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.   |
| Dated OCT 1, 2019  |
| Signature X Dolora Vine Jalme  |
| (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) |
| DOLORES PINO JAIME   |
| (Typed or printed name of person signing)  |
| PRESIDENT AND  |
| SOLE SHAREHOLDER OF 100%   |