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PUN 28 PH 12: 45

· COVER LETTER

TO: Registration Sec Division of Corp	
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.
Please return all correspon	idence concerning this matter to the following:
	TODD SCHANEZ Name of Person
	Firm/Company
	4600 Military T. Ste 215
	7600 Military Tr. Ste 215 Address Typite FL 33458 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further information co	ncerning this matter, please call:
Name of	Person Area Code & Daytime Telephone Number
Enclosed is a check for the	e following amount:
\$25.00 Filing Fee	\$30.00 Filing Fee & Status Scrifficate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$55.00 Filing Fee & Sco.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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 12 JUN 28 PH 12: L

· Hasiza Rea	the Fateraire 110.	SEGRETARY OF STATE TALLAHASSEE, FLORIDA	
(Name of the Limited Lia (A Flo	hility Company as it now appears on orida Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liabil	lity Company were filed on	2005 and assigned	
Florida document number <u>L0500 00 33</u>	3348		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company here:		
Horizon Investment Pa	thois, LLC		
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Company,"	the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	(DDRESS)		
_			
Enter new mailing address, if applicable:	 		
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
_		, Florida Zip Code	
	City	Zip Code	
New Pegistered Agent's Signature if changing Pegi	istored Agent:		

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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Add Remove	
			Add Remove	
			Add Remove	
	- -		Add Remove	
· ————			AddRemove	
			AddRemove	
D. If amend	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessa	FILED 12 JUN 28 PM 12: 45 14 JUN 28 PM 12: 45 14 JUN 28 PM 12: 45	
Dated	Signature of member	Managing Minder or authorized representative of a member		
	The second secon	ODD SCHANEL or printed name of signee		

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Filing Fee: \$25.00