

6/27/2019

H19000199333
Division of Corporations

Florida Department of State
Division of Corporations
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To: Division of Corporations
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From: Account Name : KATZ BASKIES LLC
Account Number : 12008000071
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HORIZON FINANCE SOLUTIONS LLC**

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D SCOTT

JUN 28 2019
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COVER LETTER

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**TO: Registration Section
Division of Corporations**

SUBJECT: Horizon Finance Solutions LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas O. Katz

 Name of Person

Katz Baskies & Wolf PLLC

 Firm/Company

3020 North Military Trail Suite 275

 Address

Boca Raton, FL 33431

 City/State and Zip Code

thomas.katz@katzbaskies.com

 E-mail address: (to be used for future annual report notification)

TALLAHASSEE, FLORIDA
 2019 JUN 27 A 3:40
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For further information concerning this matter, please call:

Thomas O. Katz _____ at (561) 910-5700
 Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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/COURIER ADDRESS:
 Registration Section
 Division of Corporations
 Clifton Building
 2661 Executive Center Circle
 Tallahassee, FL 32301

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H19000199333 3

Horizon Finance Solutions LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on June 5, 2019 and assigned Florida document number L19000149325

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED JUN 27 A 3:40 TAMPA FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

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

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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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MICHAEL GRIFFITH	4613 N UNIVERSITY DR. #211 CORAL SPRINGS, FL 33067	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	SUNRISE FINANCIAL SOLUTIONS LLC	4613 N UNIVERSITY DR. #211 CORAL SPRINGS, FL 33067	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

2019 JUN 27 14:34:50
 FALL SPRING ELECTRONICS

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)* H19000199333 3


Multiple horizontal dashed lines for amending information.

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated JUNE 27 2019



Signature of a member, or authorized representative of a member

THOMAS O. KATZ - Authorized Representative

Typed or printed name of signee