L24000069416

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COVER LETTER

TO: Re	gistration Sec vision of Corp	tion orations				
	Horizon Grov	wth LLC				
SUBJECT:	·	Name of Limit	ed Liability Company			
The enclose	d Articles of A	mendment and fee(s) are subn	nitted for filing.			
Please retur	n all correspon	dence concerning this matter t	o the following:			
		Peter Haines				
			Name of Person			
		Horizon Growth LLC				
			Firm/Company			
		2901 S. Bayshore Dr. 14A				
			Address			
		Miami, FL 33133				
		•	City/State and Zip Code	_		
		peter@horizongrowth.com				
		E-mail address: (te	be used for future annual report notific	cation)		
For further	information co	ncerning this matter, please ca	ll:			
Peter Haine	s		305 807-0341		. <u> </u>	
	Name of	Person	Area Code Daytime	Telephone Number	2024 MAR - E SEGRETAR	
Enclosed is	a check for the	following amount:			HAN A	<u></u>
	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Fili Certificate Certified C (additional c	HASSE TARES Copy (senegrad)	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Horizon Growth LLC	
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liabsellerida document number L24000069416	ility Company were filed on February 7, 2024 and assigned and assigned
This amendment is submitted to amend the followi	ing:
A. If amending name, enter the new name of th	ne limited liability company here:
Not amending name of LLC. Just correcting the spelli	
The new name must be distinguishable and contain the word	Is "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	le: NA
(Principal office address MUST BE A STREET A	ADDRESS)
	
	NA
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u></u>
B. If amending the registered agent and/or regi agent and/or the new registered office address b	istered office address on our records, <u>enter the name of the new register</u> on the new registeron is the new registeron in the new registeron is the new registeron in the new registeron is the new registeron in the new registeron in the new registeron is the new registeron in the new registeron is the new registeron in the new registeron in the new registeron is the new registeron in the new registeron in the new registeron is the new registeron in the new registeron in the new registeron is the new registeron in the new registeron in the new registeron is the new registeron in the new re
Name of New Registered Agent:	NA
New Registered Office Address:	Enter Florida street address
	Florida F
•	City Stap Code
New Registered Agent's Signature, if changing Reg	gistered Agent:
provisions of all statutes relative to the proper accept the obligations of my position as registe	agent and agree to act in this capacity. I further agrand comply with the and complete performance of my duties, and I am familiar with and cred agent as provided for in Chapter 605, F.S. Or, if this document is gistered office address, I hereby confirm that the limited liability cange.
	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>	<u>Name</u>	Address	Type of Action
Manager	Peter C. Haines	2901 S. Bayshore Dr. Miami, Fl 33133	■Add
			□Remove
		Title from Presidnet to Manager	■Change
			□Add
			□Remove
			□Change
			🗆 🗖 Add
			□Remove
			□Change
			SECRETAL TI
			HARMORE ALLONS STA
			□Remove
			□Change
			□Remove
			□Change

R	equesting a change in spelling of the name Peter C. Haines and title to manager			
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D CCo at	ve date, if other than the date of filing: (option:	ग. दिस	•	
(If an eff Note:	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fill if the date inserted in this block does not meet the applicable statutory filing requirements, this deem's effective date on the Department of State's records.	ng.) Pursuar	nt to 605. be liste	0207 (3) ed as the
the record ford is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) ed.	The 90th d	ay after	the
Datast	February 29, 2024			
Dated				
Dated	Poter C. Haines			
Dated				

Filing Fee: \$25.00