# 103000048851

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TAIL LAHASSEE. FLORID

D. BRUCE
MAR 3 1 2009
EXAMINER

## **COVER LETTER**

TO: Registration Se Division of Cor				
SUBJECT: H	Orn Proper (Name of Lim	rties, LLC ited Liability Company)	<del></del>	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
•	Jenny	S. Horn (Name of Person)		
	Horn	Properties, LL		
	1177 /	Kane Conco	urse Ste301	
	$\overline{}$	Sor Islands, For (City/State and Zip Code)		
	concerning this matter, please c	all: at ( <u>305)</u> <u>864–73</u> (Area Code & Daytime T	SEURETARY OF STATE PHONE Number)	
Enclosed is a check for the	_		8,11	
\$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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Horn Proper	Company as it now appears on our mited Liability Company)			
The Articles of Organization for this Limited Liability Co Florida document number L0300048851	empany were filed on $\frac{1/2}{}$	9/2009 and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability company here:			
The new name must be distinguishable and end with the word "L.L.C."	s "Limited Liability Company," the	designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	ESS)	)9 <u>F</u>		
	V	5 7 B		
		30 SSE		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		ST ST		
		ATE RIDA		
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		ords, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:		<u> </u>		
	(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 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Type of Action <u>Title</u> **Address** Jenny S. Horn ☐ Add Remove Add 🗖 Remove ☐ Add Remove ☐ Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member onathan Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00