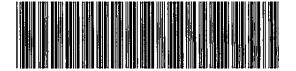
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SECRETARY OF STATE TALLAHASSEE, FLURIDA

COVER LETTER

TO:	Registration Se Division of Cor			
CUBICA	Horn Prope	rties, LLC		
SUBJEC	CT:	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Jenny S. Horn		
			Name of Person	
		Horn Properties, LLC		
		Firm/Company		
		1177 Kane Concourse Ste.	301	# TALL
			Address	
		Bay Harbor Islands, FL 33	Address Sy Harbor Islands, FL 33154 City/State and Zip Code ny@hornproperties.com E-mail address: (to be used for future annual report notification) ing this matter, please call: 305 Area Code Certificate of Status Certified Copy (additional copy is enclosed) DDRESS: STREET/COURIER ADDRESS: Registration Section Division of Corporations Offen Building The Marker of Limited Liability Company TREB ART TO Daytime Telephone Number STREET/COURIER ADDRESS: Registration Section Division of Corporations To Clifton Building	
		ienny@hornproperties.com		
				cation)
For furth	ner information c	oncerning this matter, please ca	all:	ယ်
Jenny H	Iom			
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	d is a check for th	ne following amount:		
\$25.	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
	Registr Divisio P.O. Be	ING ADDRESS: ation Section n of Corporations ox 6327 issee, FL 32314	Registration Section Division of Corpora Clifton Building	n ations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Horn Properties, LLC		
(Name of the Limited Liz (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number		and assigned
This amendment is submitted to amend the following	g:	
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 a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AI	DDRESS)	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2	SEURETARY OF TALLAHARSE AN
B. If amending the registered agent and/or registered agent and/or the new registered office:	egistered office address on our records, <u>enter</u> address here:	the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
-	, Florida	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

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
MGR	Jenny Horn		
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			☐ Change
DP	Jonathan Horn		Add
			■ Remove
			☐ Change
			Add
			Remeye
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(If an ef Note:	ive date, if other than the date of filing:	to 605.020 be listed ε	07 (3 as th
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the entering specifies and the record is filed.	earlier (of:
Dated	2/1.2017.		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00