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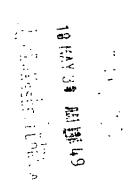
| (Requestor's Name) |
|-----------------------------------------|
| (Address) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

| | egistration Se ivision of Corp | | | | |
|-------------|-----------------------------------|--------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|--|
| SUBJECT | Hom Proper | | | | |
| SUBJECT | | | | | |
| The enclos | ed Articles of . | Amendment and fee(s) are sub- | mitted for filing. | | |
| Please retu | m all correspo | ndence concerning this matter | to the following: | | |
| | | Jenny S. Horn | | | |
| | | | Name of Person | | |
| | | Horn Properties, LLC | | | |
| | | | Firm/Company | | |
| | | 9429 Harding Ave. #301 | | | |
| | | | Address | | |
| | | Surfside, FL 33154 | | | |
| | | City/State and Zip Code | | | |
| | | jennyhom23@gmail.com | | <u> </u> | |
| For further | information o | n-mail address: () oncerning this matter, please ca | to be used for future annual report not | neauon) | |
| Jenny S. H | lom | | 305 206-8817 | | |
| | Name o | f Person | Area Code Daytim | e Telephone Number | |
| Enclosed is | s a check for th | ne 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Horn Properties,LLC | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| (Name of the Limited Liai (A Flo | bility Company as it now appears on our records.) rida Limited Liability Company) |
| The Articles of Organization for this Limited Liability Florida document number £03000048851 | y Company were filed on 12/1/2003 and assigned |
| This amendment is submitted to amend the following | ;; |
| A. If amending name, enter the new name of the l | imited liability company here: |
| | A SO |
| The new name must be distinguishable and contain the words "I | Limited Liability Company," the designation "LLC" or the abbreviation "LLC." |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET AD | DRESS) |
| | 3. |
| | |
| Parameter and description of the black in the second of the best of the black in the second of the best of the bes | 5 |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| B. If amending the registered agent and/or re registered agent and/or the new registered office a | egistered office address on our records, enter the name of the ne |
| 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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|------------------|------------------------|--------------------------|
| MGR | Jenny S. Horn | 9429 Harding Ave. #301 | Add |
| | | Surfside, FL 33154 | ☐ Remove |
| | | | □ Change |
| AMBR | Jonathan S. Horn | 9429 Harding Ave. #301 | Add |
| | | Surfside, FL 33154 | - The control |
| | | | Change |
| | | | Add |
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| ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing or more | (optional) |
| te: If the date inserted in this block does not meet the applicable statutory filing re | equirements, this date will not be listed |
| cument's effective date on the Department of State's records. | |
| | |
| record specifies a delayed effective date, but not an effective time | e, at 12:01 a.m. on the earlier |
| he 90th day after the record is filed. | |
| May 21 20,18 | |
| ted May 21 2018 | |
| | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00