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PICK-UP WAIT MAIL				
(Business Entity Name)	_			
L06-1422				
(Document Number)				
Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				
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Office Use Only

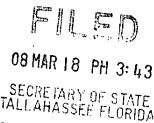
COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Horizola Horizon Savers (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:					
Rodorick Dencer (Name of Person)					
Florida Home Savers (Firm/Company)					
2745 NW 2003 terr					
Miami Gardens Fl. 38056 (City/State and Zip Code)					
For further information concerning this matter, please call:					
(Name of Person) at (786 443.5346 (Area Code & Daytime Telephone Number)					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Solve Filing Fee & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)					
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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



(Zip Code)

	OF	TALLAHASSEE FLORIDA
FloridaHa	ome Savers,	LLC
(<u>Name of the Limited L</u> (A F	iability Company as it now appea lorida Limited Liability Company)	•
The Articles of Organization for this Limited Liab Florida document number <u>LDkODUX</u>		1)3 06 and assigned
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company he	r <u>e</u> :
The new name must be distinguishable and end with t"L.L.C."	he words "Limited Liability Comp	any," the designation "LLC" or the abbreviation
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter the name of the new
Name of New Registered Agent:	D/A	
New Registered Office Address:	(E	nter Florida street address)
		, Florida

New Registered Agent's Signature, if changing Registered Agent:

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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.

(City)

(If Changing Registered Agent, Signature of New Registered Agent)

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 <u>Title</u> <u>Address</u> **Type of Action** Name Add Remove Add Remove Add Remove Add Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00