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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LICENSE EXAM SERVICES

Account Number : I20120000042 Phone : (941)685-0955 Fax Number : (866)473-0571

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ANDREWAKEHURST@GMAIL.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HORIZON REMODELING LLC

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COVER LETTER

Horizon Re	modeling LLC		
SUBJECT:	Box Superiories Horzon Remodeling LLC Name of Linated Lobality Company e enclosed Articles of Amendment and fee(s) are submitted for filing. case return all correspondence concerning this matter to the following: Andrew Akehuest Name of Person Horon Remodeling LLC Firm/Company 19961 Adams Rd Address Fort Myers FL 33908 City/State and Zap Code andrewakehursi@gmail.com B-mail address, to be used for future annual report motification) for faither information concerning this matter, please call: andrew Akehurst 239 333-5883 at (
The enclosed Articles of	Amendment and fee(s) are sub-	nutted for filing.	
	Andrew Akehurst		
		Name of Person	
Horzon Remodeling LLC SIBJECT: Name of Linused Liability Company The enclosed Articles of Amendment and feets) are submitted for filing. Please return all correspondence concerning this matter to the following: Andrew Akeburst Name of Person Horion Remodeling LLC FrancCompany 19961 Adams Rd Address Fort Myers FL 33908 City/State and Zap Code andrewakehurst@gmail.com E-mail address: to be used for fluine annual report motification) For further information concerning this matter, please cell: Andrew Akehurst Name of Person Name of Person Name of Person Linchaed to a check for the following amount: S25 to Filing Fee U \$30 00 Filing Fee & Certified Copy (address): enclosed: Certified Copy (address) enclosed: Certified Copy (
		Firm/Company	
		Address	
	Fort Myers FL 33908		
	,	City/State and Zip Code	***************************************
	andrewakehurst@gmail.com	1	
	E-mail address. (to be used for future annual report no	irfication)
For further information of	concerning this matter, please of	all;	
Anthew Akchinsi		239 333-5883	
Name o	of Person	Area Code Daytii	ne Telephone Number
haclosed is a cheek for t	he following amount:		
➤ \$25 to Filing Fee	t.J \$30 00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Registration	Section	Registration S	
		2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HORIZON REMODELING LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

Name of New Registered Agent: New Registered Office Address:	Enter Florida street adib	
Name of New Registered Agent:		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records. <u>ente</u>	r the name of the new registere
(Mailing address MAY BE A POST OFFICE BOX)		
Enter new mailing address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	- 14-24-2	
Enter new principal offices address, if applicable:		30
Highwater Construction LLC The new name must be distinguishable and contain the words "Limited Liaf	bility Company," the designation "1.1.	
Highwater Construction LLC		
V. If amending name, enter the new name of the limited lia	bility company here:	/ A —
this amendment is submitted to amend the following:		2022 MOV -9 SECALLARY TALLARAS
Torigi document marrioci		20.2
torida document number 1.06000079117		#FF 2

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 fitle, name, and address of each person-being added or removed from our records:

MGR =	Manager	
AMBR ≈	Authorized	Member

Title	Name	Address	Type of Action
			UAdd
			[L]Remove
			Change
			(DAdd
			☐Remove
			[]Change
	100 mark 100 MAR MIN AN		Oadd
			□Remove
			[]Clunge
			UAdd
			ElRemove
			Change
			(DAdd
			TRemove
			Clumge
			CiChange

. It amending any	y other information, enter change(s) here: (Attach additional sheets, if necessary.)	
ta , ti		
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- 4		
off an effective date is Note: If the date	(optional) is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after tiling.) Pussiant to 605 0, inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed tive date on the Department of State's records.	207 (3) as the
the record specifies cord is filed	a delayed effective date, but not an offective time, at 12:01 a.m. on the earlier of: (b) The 90th day after d	he
Dated	2022	
Pated		
	Signature of a member or authorized representative of a member	
	Abot	
Andrey	W. Akchurst Typed or printed name of signee	

Filing Fee: \$25.00