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COVER LETTER

TO: Registration Section
Division of Corporations

HORIZO SUBJECT:	N PROPERTY MAINTANANC		
	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	RAUL R. MUNOZ		
		Name of Person	
		Firm/Company	<u></u>
	3863 ALLENWOOD STRE	Address	
	SARASOTA, FLORIDA 342	City/State and Zip Code	
	E-mail address:	to be used for future annual report no	nification)
For further information	n concerning this matter, please c	all:	
RAUL R. MUNOZ		941 400-3686	
Nam	e of Person	at () Area Code Dayri	me Telephone Number
Enclosed is a check fo	r the 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)
Reg Div P.O	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, FL 32314	STREET/COUR Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL	orations Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HORIZON PROPERTY MAINTANANCE MANAGEMENT LLC

(Name of the Limited I	iability Company as it now appears on our records.) Jorida Limited Liability Company)	
14.1	forma (Amilied Liability Company)	
The Articles of Organization for this Limited Liabil	ity Company were filed on 10/11/2006	and assigned
Florida document number L06000099383		
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
HORIZON CONSTRUCTION & PROPERTY MAN		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
		2019 HAY
	<u>'</u> ' 	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)		<u> </u>
	'	10 70 F
		र्रे ये 🕿
B. If amending the registered agent and/or	registered office address on our records, <u>enter the</u>	name conf the n
registered agent and/or the new registered office		
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	. Florida	
-	!	Zip Code
New Registered Agent's Signature, if changing Regi	 <u>\$tered Agent:</u>	
provisions of all statutes relative to the proper a accept the obligations of my position as register	gent and agree to act in this capacity. I further agree ind complete performance of my duties, and I am fam ed agent as provided for in Chapter 605, F.S. Or, if t istered office address. I hereby confirm that the limite inge.	iliar with and his document is
	If Changing Registered Agent, <u>Signature of New Registered</u> Page 1 of 3	ered Agent
·	THE THE PARTY OF T	

	g Authorized Person(s) authorized I from our records:	to manage, enter the title, name, and ad-	dress of each person being add
MGR = A	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
			□ Remove
			☐ Change
		_	Add
			☐ Remove
			Change
		_	Add
			Remove
			Change
			Add
			□ Remove
			Change
			Remove
			Change

If amending any other information, enter	change(s) here: (Attach additional sheets, if necessary.)
, · ·	
·	
Effective date, if other than the date of fil	SAME AS FILING(optional)
(If an effective date is listed, the date must be specific	and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 or meet the applicable statutory filing requirements, this date will not be listed as
the record specifies a delayed effective The 90th day after the record is file	e date, but not an effective time, at 12:01 a.m. on the earlier of
14TH DAY OF MAY	2019
For Pulmin	
- Vignature o	f a member or authorized representative of a member
RAUL R. MUNOZ	
	Typed or printed name of signee
	Page 3 of 3
	7 10 10 10 10 10 10 10 10 10 10 10 10 10

Filing Fee: \$25.00