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COVER LETTER

Division of Cor			4
SUBJECT: Ho.	RIZON CONSTR	PUCTION of PROPERT	y MANAGEMENTLLE.
	Name of Lim	ited Liability Company	-
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	M	JRCIO MUNOZ Name of Person	<u></u>
	HORIZON CONSTRU	iction of Property M	MANAGEMENTLLC.
			
	3863 A/	ENWOOD ST.	
		Address	
	JARASOTA	TL. 3423 City/State and Zip Code	2
	. 1	City/State and Zip Code	
	MARCIORI	MINOZ A SMA, L. to be used for future armual report notifi	com.
	E-mail address: (to be used for future annual report notifi	ication)
For further information of	concerning this matter, please c	all:	
MARCI	O MUNDZ	at (<u>941)</u> 894 Area Code Daytime	-808Z
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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

TO:

Registration Section Division of Corporations

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HORIZON CONSTRUCT	TON & PROPERTY MANAGEMENT LLC.
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.)
The Articles of Organization for this Limited Liability Company w	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
HORIZON PROPERTY MAINTENANCE The new name must be distinguishable and contain the words "Limited Liability"	E MANAGEMENT LLC.
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3863 Allenwood ST. SARASOTA, FL. 34232
(Principal office address MUST BE A STREET ADDRESS)	SAIRA 50/A, FL. 34232
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:	SAME. Sice address on our records, enter the name of the new
Name of New Registered Agent:	2019 p
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	City Cade T
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
		•	O Add
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			Change
			□ Add
			□ Remove
			Change
			□ Remove
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ote: If the	he date inserted	than the date of the date must be spec- lin this block does ton the Departme	not mee	et the appli	cable statuto	ing or more th ry filing req	(opt an 90 days afte uirements, th	ional) er filing.) Pursua is date will no	ant to 605.0207 of be listed as
		delayed effect the record is		te, but no	ot an effe	ctive time	at 12:01	a.m. on th	e earlier of
	Aug	12th Signatur	,	2019	·				
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Filing Fee: \$25.00