## L08000067465

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SECKETARY OF STATE

## **COVER LETTER**

TO: Registration So Division of Con		•	•
SUBJECT:	VERTICAL	HORIZONS, LLC.	
SUBJECT:		ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	,		
	Steven R Jensen		
		Name of Person	
	c/o Azar	ia Management Group, LLC	
		Firm/Company	
		6041 Siesta Lane	
		Address	
	Por	t Richey, Florida 34668	
		City/State and Zip Code	
	Sjer E-mail address: (	nsen@optimacorp.com to be used for future annual report notified	ition)
For further information	concerning this matter, please c		
S	teve Jensen	at (_727_)8	35-1055
Name	of Person	Area Code & Daytime	Celephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist . Divisi	JING ADDRESS: tration Section on of Corporations	STREET/COURIE Registration Section Division of Corporat Clifton Building	ions
Tallal	iassee, FL 32314	2661 Executive Cen Tallahassee, FL 323	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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VERTIC (Name of the Limited Liab)	CAL HORIZONS, LL	C. SECRETARY OF STATE
(A Flori	ility Company as it now apped a Limited Liability Company)	) CURIUA
The Articles of Organization for this Limited Liability	y Company were filed on	07/11/2008 and assigned
Florida document numberL08000067465	·	
This amendment is submitted to amend the following	<i>;</i> :	
A. If amending name, enter the new name of the l	imited liability company he	ere:
'he new name must be distinguishable and end with the L.L.C."	words "Limited Liability Comp	pany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable;		
Principal office address MUST BE A STREET AD	DRESS)	
	<del> </del>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	·	
3. If amending the registered agent and/or regegistered agent and/or the new registered office a	gistered office address on ddress here:	our records, enter the name of the ne
Name of New Registered Agent:		
Name of New Registered Agent:  New Registered Office Address:		
	E	nter Florida street address
		nter Florida street address Florida Zip Code

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.

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 **Title** <u>Name</u> **Address** Type of Action **MGRM** Steven R Jensen 6041 Siesta Lane . ☐ Add Remove Port Richey, Florida 34668 Steven R & Rita A Jensen MGRM 6041 Siesta Lane ✓ Add Port Richey, Florida 34668 Remove ☐ Remove □Add Remove \_□Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) The above member should read: Steven R & Rita A Jensen as tenants by the entirety February 10 2010 Dated \_\_\_ ignature of a member or authorized representative of a member Steven R. Jensen

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Typed or printed name of signee

Filing Fee: \$25.00