

LD9000019115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

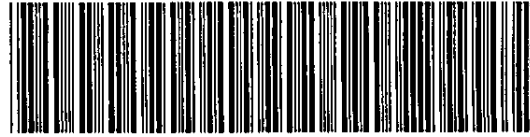
(Business Entity Name)

(Document Number)

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2013 SEP 16 AM 8:12
J. SAULSBERRY
EXAMINER

J. SAULSBERRY
EXAMINER
SEP 18 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HORIZON TECHNOLOGIES SYSTEMS, LLC
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:

Aida R. Norton - Polanco

Name of Person

Horizon Technologies Systems, LLC

Firm/Company

6001 Thomas Circle

Address

Land O'Lakes, FL 34638

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alfred W. Torrence, Jr.

Name of Person

at 727 845-6224

Area Code & Daytime Telephone Number

Enclosed is a check for 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)

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

2013 SEP 16 AM 8:12
CLERK
STATE
SECRETARY

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

HORIZON TECHNOLOGIES SYSTEMS, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 02/25/2009 and assigned
Florida document number L09000019115.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Aida R. Norton-Polanco

New Registered Office Address:

6001 Thomas Circle

Enter Florida street address

Land O'Lakes

, Florida 34638

City

Zip Code

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

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

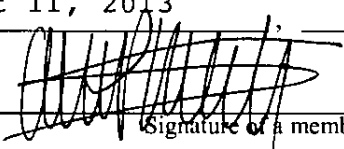
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Norton, Brendan (deceased)	6001 Thomas Circle	<input type="checkbox"/> Add
		Land O'Lakes, FL 34638	<input checked="" type="checkbox"/> Remove
MGR	Norton-Polanco, Aida R.	6001 Thomas Circle	<input checked="" type="checkbox"/> Add
		Land O'Lakes, FL 34638	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

2013 SEP 16 11:00 AM
 STATE OF FLORIDA
 DEPARTMENT OF REVENUE

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated Sept 11, 2013



Signature of a member or authorized representative of a member

Aida R. Norton - Polanco

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00