

Aug. 23. 2013 5:07PM
8/23/13

L1000014155

Division of Corporations

No. 8135 1/4

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H13000188680 3))



H130001886803ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : BAND WEINTRAUB, P.L.
Account Number : I20090000020
Phone : (941) 917-0505
Fax Number : (941) 917-0506

2013 AUG 26 AM 11:4
TALLAHASSEE, FLORIDA

FILED

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

Email Address: _____

RECEIVED

13 AUG 26 AM 6:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
NEW HORIZON RESOURCES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

AUG 27 2013
A. LUNT

(((H13000188680 3)))

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

NEW HORIZON RESOURCES, 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 11/02/10 effective 10/30/10 and assigned Florida document number L10000114155

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 office 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:

New Registered Office Address:

Enter Florida street address

City

Florida

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

(((H13000188680 3)))

2013 AUG 26 AM 11:42

FILED

((H13000188680 3))

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	Name	Address	Type of Action
MGR	JAMES JOHNSON	ONE SOUTH SCHOOL AVE., SUITE 500 SARASOTA, FL 34237	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	JAMES W. ALLEN	10188 45TH STREET PINELLAS PARK, FL 33782	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

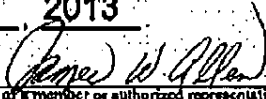
2013 AUG 26 AM 11:42

FILED

((H13000188680 3))

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

Dated AUGUST 23 2013



Signature of a member or authorized representative of a member

JAMES W. ALLEN

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

ALLAHASSEE, FLORIDA

2013 AUG 26 AM 11:12

FILED