## L10000123026

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EXAMINER



100193318411

02/08/11--01012--025 \*\*55.00



## **COVER LETTER**

Registration Section
Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

TO:

SUBJECT: HORIZON INTERNATIONAL DUTY FREE, 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:
MARCO E. GAVIRIA- Name of Person
HORIZON INTERNATIONAL SUTY FREE, LLC
Address  JONIC, FL 33/78  City/State and Zip Code  MGAVIRIA @ ICDUTYFREE COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  MARCO E. GAVIRIA at (306) 773-3626  Name of Person  Area Code & Davime Telephone Number
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times \text{S55.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
MAILING ADDRESS:  Registration Section  Division of Corporations  P.O. Box 6327  Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO . ARTICLES OF ORGANIZATION OF

HORIZON INTERNATIONAL DUTY FREE, 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	00/30/2010 and assigned
Florida document number <u>L100001236</u>	26	OILFEB
This amendment is submitted to amend the following:	:	-8 - SSEE
A. If amending name, enter the new name of the li	mited liability company here:	
NO CHAI	NGE	
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Company	"the designation "LLC" on the abbreviation
Enter new principal offices address, if applicable:	NO	CHANGE
(Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<i>N</i>	O CHANGE
B. If amending the registered agent and/or regregistered agent and/or the new registered office action.  Name of New Registered Agent:		records, enter the name of the new
New Registered Office Address:	<b></b>	
	Enter Florida street address	
_		, Florida
	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 **Title** Name **Address Type of Action** MARCO E. GAVIRIA MGR Remove 1 62 move □Add Remove  $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 2 of 2

MAR CO E. GAVIO Typed or printed name of signee

Signature of a member or authorized representative of a member

REgisten AGENT

Filing Fee: \$25.00