L11000012873

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	<u>. #)</u>
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
-	·	·
(Do	cument Number)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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APR - 8 2013

T. HAMPTON

COVER LETTER

SUBJECT:	ILIT INT	-EL, UC	
	Name of Limite	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	<u>tation</u>	O the following: O TimoChil Name of Person The TP / / / /	na
	ALIT	INTEL, LL	
	P.O. Box	(-811802	·
	BOCA	RATON FO	4, 33481
	tubangt E-mail address: (to	City/State and Zip Code May Ahoo. Co be used for flutre annual report notification	on_ on)
For further information co	oncerning this matter, please ca	dl:	
Tatigna Name o	Timochina	at (954) 415 - C	0625 lephone Number
Enclosed is a check for the	ne 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

TO:

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



RECEIVED

13 APR -5 AM 6: 38

SECRETARY OF STATE TALLAHASSEE, FLORIDA

March 12, 2013

TATIANA TIMOCHINA 6323 LA COSTA DR APT K BOCA RATON, FL 33433-6655

SUBJECT: ALIT INTEL, LLC Ref. Number: L11000012873

We have received your document for ALIT INTEL, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 813A00005822

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

ALIT INTEL	LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records ability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company value of Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for the Organization	were filed on $01/31/20$	and assigned DIVISION OF APR
This amendment is submitted to amend the following:		5 CO
A. If amending name, enter the new name of the limited liabil	lity company here:	고
ALIT HORIZON, LL		# A
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Company," the designat	ion "LLC" or the abbreviation
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)	PO BOX SI BOCA Rator	1802 1, ft 33481
B. If amending the registered agent and/or registered office address here	· —	nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		44
	Enter Florida stree	et address
	, Floric	
	City	Zip Code
No. Dt-A		

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> **Address Type of Action** Remove Remove Remove Remove Remove

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Plegs change the name of the
	company from ALIT INTEL, LLC TO ALIT HORIZON, LLC
	TO ALIT HORIZON, LLC
Dated	25 March, 2013.
	Signature of a member or authorized representative of a member
	Tatana Timochina
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 APR -5 PM 4: 11