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EXAMINER



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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 SEP 16 AM 9:17

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Horizon Academy L.L.C.
Name of Limited Liability Company

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DIVISION OF CORPORATIONS
11 SEP 16 AM 9:17

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Andrew Robinson
Name of Person

Horizon Academy L.L.C.
Firm/Company

19121 N.E. MIAMI CT.
Address

MIAMI, FL 33179
City/State and Zip Code

AndrewRobinson1982@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrew Robinson at (305) 467-5733
Name of Person 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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
11 SEP 16 AM 9:17

Horizon Academy L.L.C.
(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 8/15/2011 and assigned
Florida document number 2110000800005.

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)

1921 N.E. MIAMI COURT
MIAMI, FL 33179

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1921 N.E. MIAMI COURT
MIAMI, FL 33179

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:

MAURICE McLEAN

New Registered Office Address:

1921 N.E. MIAMI CT.

Enter Florida street address

MIAMI

City

, Florida

FL 33179

Zip Code

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

M. McLean

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. 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.

M. McLean

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>
<u>MGR</u>	<u>Andrew Robinson</u>	<u>19121 N.E. MIA CT.</u> <u>MIAMI, FL 33179</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>Jeanmarc Louisaint</u>	<u>3860 WESB Broward Blvd</u> <u>Plantation, FL 33312</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>Marcel McLean</u>	<u>19121 N.E. MIAMI CT</u> <u>MIAMI, FL 33179</u>	<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

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

Dated _____

Signature of a member or authorized representative of a member

Andrew Robinson
Typed or printed name of signee