Division of Corporations Electronic Filing Cover Sheet

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(((H11000247089 3)))



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To:

Division of Corporations

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From:

Account Name

: SHUTTS & BOWEN LLP (ORLANDO)

Account Number : 120030000004 Phone

: (407)423-3200

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

1:56

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BOYD HORIZON WEST, LLC** 

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J. BRYAN Help

OCT 13 2011

EXAMINER

Registration Section

TO:

(((H11000247089 3)))

## **COVER LETTER**

Division of C	Corporations			
SUBJECT:	BOYD HOR	RIZON WEST, LLC		
JOBSECT.		ited Liability Company		
,				•
The enclosed Articles	of Amendment and fee(s) are sul	bmitted for filing.	i de la companya de l	
Please return all corres	spondence concerning this matter	r to the following:	¥	MOCT 12 AM 9: 10
				るる
		Tracy Augustyni		前是
		Name of Person		70 9
\$		Shutts & Bowen LLP		9 <b>5</b>
		Firm/Company		<b>3</b> 11
	300 Sout	h Orange Avenue, Suite 10	00	
		Address		,
	C	Priando, Florida 32801		
		City/State and Zip Code		
	ta	ugustyni@shutts.com		
	E-mail address: (	to be used for future annual report notif	ication)	
For further information	concerning this matter, please of	eall:		
Jasor	Williams, Esquire	at ( 407 )	423-3200	
Name of Person		Area Code & Daytim		_
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 For Certificate of Straight Copy (additional copy)	Status &
MAI	TING ADDRESS.	erdeet/colldi	en arrecc.	

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

		(((H11000247089 3)))
	S OF AMENDMENT TO OF ORGANIZATION OF	COTOS.)
Name of the Limited Liability (A Florida)	ORIZON WEST, LLC (Company as it now appears on our re Limited Liability Company)	cords.
The Articles of Organization for this Limited Liability C Florida document numberL11000067459	Company were filed onJune 8,	2011 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and end with the wor"L.L.C."	ds "Limited Liability Company," the des	ignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist registered agent and/or the new registered office add		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	street address
	City , P	lorida 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

Page 1 of 2

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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>	Address	Type of Action
MGR	Scott T. Boyd	7586 West Sand Lake Road Orlando, Florida 32819	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
·			Add Remove
D. If amend		er change(s) here: (Attach additional sheets, if necessary.)	OCT 12
			Service of the servic
 	October /2_	2011 /	
	Signature of a	methber or authorized representative of a member	
	James G. Will	lard, Esquire, Authorized Representative Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00