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S. CHATHAM

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COVER LETTER

TO:

	C HORIZONS ISLAMORADA	A, LLC				
1:	Name of Lim	ited Liability Company				
osed Articles of	Amendment and fee(s) are sub	Name of Limited Liability Company se(s) are submitted for filing. g this matter to the following: ARINEAU Name of Person U & CATARINEAU, LLC Firm/Company SEAS HIGHWAY Address F1. 33070 City/State and Zip Code CATCPA.COM nail address: (to be used for future annual report notification) ter, please call: at (305				
urn all correspo	indence concerning this matter	to the following:				
	JASON CATARINEAU					
		Name of Person				
	CATARINEAU & CATA	RINEAU, LLC				
		Firm/Company				
	91750 OVERSEAS HIGH	WAY				
		Address				
	Address TAVERNIER, FL 33070					
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er information c			inteation)			
CATARINEAU		at (
Name o	f Person	Area Code Daytin	ne Telephone Number			
is a check for th	ne following amount:					
00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy			
		Street Address: Registration Se	ection			
Division of C	orporations	Division of Co	rporations			
		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				
	ATLANTION ATLANTION ATLANTION ATLANTION ATLANTION ASSET ARTICLES OF URIN all correspond CATARINEAU Name of CATARINE Fee Mailing Address Registration Solvision of CO O.O. Box 632	Name of Lim Name of Lim Seed Articles of Amendment and fee(s) are subset of all correspondence concerning this matter JASON CATARINEAU CATARINEAU & CATA 91750 OVERSEAS HIGH TAVERNIER, FL 33070 JASON@TAXCATCPA.C E-mail address: (er information concerning this matter, please concerning this matter, please concerning this matter, please concerning this matter. Please concerning this matter. Please concerning this matter. Name of Person is a check for the following amount: 0 Filing Fee \$30.00 Filing Fee &	ATLANTIC HORIZONS ISLAMORADA, LLC Name of Limited Liability Company seed Articles of Amendment and fee(s) are submitted for filing. urn all correspondence concerning this matter to the following: JASON CATARINEAU Name of Person CATARINEAU & CATARINEAU, LLC Firm/Company 91750 OVERSEAS HIGHWAY Address TAVERNIER, FL 33070 City/State and Zip Code JASON@TAXCATCPA.COM E-mail address: (to be used for future annual report notes information concerning this matter, please call: CATARINEAU Name of Person at (305) Name of Person Terrificate of Status Certificat Copy (additional copy is enclosed) Atlailing Address: Registration Section Registration Section Division of Corporations P.O. Box 6327 The Centre of T			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

ATLANTIC HORIZONS ISLAMORADA, 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 $\frac{12/05/2012}{1}$ and assigned Florida document number 1.12000151843 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 10877 NW 33RD STREET Enter new principal offices address, if applicable: DORAL, FL 33172 (Principal office address MUST BE A STREET ADDRESS) 10877 NW 33RD STREET Enter new mailing address, if applicable: DORAL, FL 33172 (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: JOE A CATARINEAU, ESQ Name of New Registered Agent: 91750 OVERSEAS HIGHWAY New Registered Office Address: Enter Florida street address __, Florida 33070 Zip Code TAVERNIER

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 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Lhereby confirm that the limited liability company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	GREGORY M LANE	2617 N 2ND STREET	🗀 Add
		HARRISBURG, PA 17110	■Remove
			□Change
MGR	CATHERINE KETAY	1349 28TH AVENUE NORTH	□Add
		NAPLES, FL 34103	≅Remove
MGR	MARTIN LANE	83283 OLD HIGHWAY	≅Add
		ISLAMORADA, FL 33036	□Remove
			Change
MGR	NICHOLAS A LEE	151 BLUE HARBOR DRIVE	■Add
		TAVERNIER, FL 33070	□Remove
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record spe d is filed.			2022	tived representati	ve of a member		

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