

L13000093839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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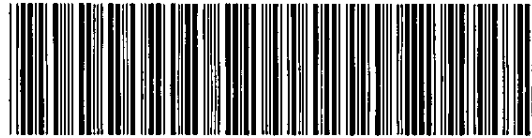
(Business Entity Name)

(Document Number)

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Amendment LC

10/23/13--01008--012 **25.00

L13-93839

FILED
13 NOV -6 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P/C

NOV -7 2013

N. CAUSSEAU

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Horizon Outlook, 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:

M. Springer

Name of Person

Horizon Outlook, LLC

Firm/Company

4310 S. Flamingo Rd #106-145

Address

Davie FL 33330

City/State and Zip Code

HorizonOutlookLLC@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

M. Springer

Name of Person

at 305) 935-9890

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**

Horizon Outlook, 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 06/28/2013 and assigned
Florida document number L13000093839

FILED
JUN -6 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

4310 S. Flamingo Rd
#106-145
Davie FL 33330

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4310 S. Flamingo Rd
#106-145
Davie FL 33330

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:

M. Springer

New Registered Office Address:

4310 S. Flamingo Rd #106-145

Enter Florida street address

Davie

City

Florida

33330

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.

M. Springer

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>
MGR	M. Springer	4310 S. Flamingo Rd	<input checked="" type="checkbox"/> Add
		#106 - 145	<input type="checkbox"/> Remove
		Davie, FL 33330	
MGR	Henry Lawson	13762 W. State Rd 84 # 417	<input type="checkbox"/> Add
		Davie FL 33325	<input checked="" type="checkbox"/> Remove
MGR	Jack Leonard	13762 W. State Rd 84 #417	<input type="checkbox"/> Add
		Davie FL 33325	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

13 NOV -6 PM 12:30

FILED

Add

Remove

Add

Remove

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

Dated _____

M. Springer

Signature of a member or authorized representative of a member

M. Springer

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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13 NOV -6 PM 12:30
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TALLAHASSEE, FLORIDA