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SECRE JARY OF STATE

COVER LETTER

TO:	Registration Sec Division of Corp				
SUBJEC		IZON REAL ESTATE DEVE	LOPMENT LLC		
SUBJEC	ət:	Name of Lim	ited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please re	turn all correspon	ndence concerning this matter	to the following:		
		PAYNE, BENJAMIN E			
			Name of Person		
		NEW HORIZON REAL E	STATE DEVELOPMENT LLC		
		1000 - 10	Firm/Company		
		17683 SUMMERLIN ROA	AD		
			Address	And Town of Street	
		FORT MYERS, FL 33908			
			City/State and Zip Code	SEC	2015
		E-mail address: (to be used for future annual report notifi	ication) HM	
For furth	er information co	oncerning this matter, please ca	all:	SSE	3
	Clizabe Name of	th Martines	at (<u>305)</u> 498– Area Code Daytime	1922 Telephone Number 1	
Enclosed	l is a check for th	e 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 Fe Certificate of S Certified Copy (additional copy is	tatus &

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

New Horizon Real	ESTATE Development LLC. v as it now appears on our records.) ability Company)
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L1400073108</u>	1.1
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)	The state of the s
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2015 JUL 20 P
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Emer Cortae di Col Maureon

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, I hereby 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, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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		FORT MYERS, FL 33901	■ Remove
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			_ □ Remove
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effective date	is listed, the date must be	specific and ca	nnot be prior to	o date of filing	or more than 9	days after filir	ig.) Purs	uant to 605.03
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Filing Fee: \$25.00