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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639

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

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FIVE HORIZONS PROPERTY LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Five Horizons Property LLC			· · · · · · · · · · · · · · · · · · ·
Name of the Limited Line (A 196	ability Company as it now appears on or orida Limited Liability Company)	IL XCOOK(1")	
The Articles of Organization for this Limited Liability Florida document number L14000103052	ty Company were filed on June 2	26, 2014	and assigned
This amendment is submitted to assend the following	;		
A. If amending name, enter the new game of the	limited liability company here:		
The new name must be distinguishable and end with the words	"Limited Liability Company," the destignation	ation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET AL	ODRESSI		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE ROX B. If amending the registered agent and/or r		records, enter	the name of the new
registered agent and/or the new registered office		records, <u>anter</u>	RIDA S
Name of New Rogistered Agent:			
New Registered Office Address:	Enter Plorida Art	ण्टा add) स्टब्स	
		. Florida	
_	Clty		Zip Code

Now 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.

If Changlay Rogistered Agent, Signature of New Registered Agent

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Maria Adriana Pereira	220 71st Street, Suite 21	3 ■ Add
		Mlami Beach, Florida, 33141	□ Remove
	•		Romove
-			□ Add
			□ Remove
			□ Remove
			Add
			SECULATION 11
	•		AH 9: 50

). If amending any other	information, enter change(s) hero;	(Attach additional sheets, if necessary,)
			_ ,
Effective date, if other than the date of filing: The effective date smaller specifie, enanct be prior to date of receipt or filed the date this document is filed by the Florida Department of State)		(optional) d date end cannot be more than 90 days after	
	1 2044		
Dated August 1	1 , 2014	-, Down	
	Signature of a member or author a Demien	zed representative of a momber	

Page 3 of 3

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