## #14000134163

| (Red                      | uestor's Name)   |             |
|---------------------------|------------------|-------------|
| (Add                      | lress)           |             |
| (Add                      | iress)           |             |
| (City                     | /State/Zip/Phone | e #)        |
| PICK-UP                   | WAIT             | MAIL        |
| (Bus                      | iness Entity Nar | me)         |
| (Doc                      | ument Number)    |             |
| Certified Copies          | Certificates     | s of Status |
| Special Instructions to F | iling Officer:   |             |
|                           |                  |             |
|                           |                  |             |
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SECRETARY OF STATE

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## **COVER LETTER**

|                | gistration Se<br>ision of Cor |  |   |  |
|----------------|-------------------------------|--|---|--|
| SUBJECT.       | Oscar O                       | no Installation and Serv                     | rices, LLC  |  |
| SUBJECT:       |                               | Name of Lim                                  | ited Liability Company  |  |
| The enclosed   | i Articles of                 | Amendment and fee(s) are sub-                | mitted for filing.  |  |
| Please return  | all correspo                  | ndence concerning this matter                | to the following:   |  |
|                |                               | John A. Gelety                               |   |  |
|                |                               | (F-1,4-1,4)                                  | Name of Person  |  |
|                |                               | John A. Gelety, PA                           |   |  |
|                |                               |  | Firm/Company  | <del></del>  |
|                |                               | 200 S. Biscayne Blv                          | d., Suite 2700  |  |
|                |                               |  | Address   | ······································   |
|                |                               | Miami, FL 33131                              |   |  |
|                |                               |  | City/State and Zip Code   |  |
|                |                               | jagelety@bellsouth.n                         | et<br>to be used for future annual report notific                   |  |
| For further in | nformation co                 | oncerning this matter, please or             | ·   | eation)  |
| John A. C      | Gelety                        |  | 305 444.9422  |  |
|                | Name of                       | Person                                       | Area Code Daytime   | Telephone Number   |
| Enclosed is a  | a check for th                | e following amount:                          |   |  |
| \$25.00 F      | 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

| FILED                                     |
|---|
| EUTH NOV II.                              |
| SECRETARY OF STATE<br>ALLAHASSEE, FLORIDA |
| SEE, FLORIDA                              |

Oscar Ono Installation and Services, 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 💆     | August 27, 2014                 | and assigned        |
|---|---------------------|---------------------------------|---------------------|
| Florida document number L14000134163  |                     |                                 |                     |
| This amendment is submitted to amend the following:   |                     |                                 |                     |
| A. If amending name, enter the new name of the limited liab   | ility company l     | <u>here</u> :                   |                     |
| New Horizon Developers LLC  |                     |                                 |                     |
| The new name must be distinguishable and end with the words "Limited Lial   | bility Company," th | ne designation "LLC" or the abl | breviation "L.L.C." |
| Enter new principal offices address, if applicable:   |                     |                                 |                     |
| (Principal office address MUST BE A STREET ADDRESS)   | <del></del>         |                                 |                     |
|   |                     |                                 |                     |
|   |                     |                                 |                     |
| Enter new mailing address, if applicable:   |                     |                                 | <del></del>         |
| (Mailing address MAY BE A POST OFFICE BOX)  |                     |                                 |                     |
|   |                     |                                 |                     |
| B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her |                     | on our records, <u>enter t</u>  | he name of the new  |
| Name of New Registered Agent:   |                     | <del></del>                     | <del></del>         |
| New Registered Office Address:  |                     |                                 |                     |
| •   | Enter Fl            | lorida street address           |                     |
| <del></del>   |                     | , Florida                       |                     |
|   | City                |                                 | Zip Code            |
| New Registered Agent's Signature, if changing Registered Agents   | Ĺ                   |                                 |                     |

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 Changing Registered Agent, Signature of New Registered Agent

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: FILED MGR = Manager . AMBR = Authorized Member 2014 NOV 14 PM 4: 42 **Title Address** Name **Type of Action** SECRETARY OF STATE FALLAHASSEE. FLORIDA □ Add ☐ Remove \_□ Add ☐ Remove \_□ Add ☐ Remove ☐ Add ☐ Remove □ Add ☐ Remove \_□ Add \_\_\_ □ Remove

| n, enter change(s) here: (Attach additional sheets, if necessary.)   |
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| te of filing: (optional) se prior to date of receipt or filed date and cannot be more than 90 days after ta Department of State) |
|  |
| da Department of State)  2014  |
| la Department of State)  |
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Page 3 of 3

Filing Fee: \$25.00

