

L14000196369

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : GILMAN CIOCIA INC.
Account Number : I20120000051
Phone : (305)937-7773
Fax Number : (815)301-2897

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

Email Address:

Steven.levy@gtax.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
NEW HORIZON FINANCIAL & INVESTMENTS LLC**

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15 JAN 20 AM 10:00

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 JAN 20 AM 9:52

FILED

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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2015 JAN 20 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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NEW HORIZON FINANCIAL & INVESTMENTS 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 Dec 30, 2014 and assigned
Florida document number L14000196369

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:

3715 NW 89TH TERRACE

(Principal office address MUST BE A STREET ADDRESS)

COOPER CITY, FL 33024

Enter new mailing address, if applicable:

3715 NW 89TH TERRACE

(Mailing address MAY BE A POST OFFICE BOX)

COOPER CITY, FL 33024

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:

OZ RAV-ON PA

New Registered Office Address:

3715 NW 89 TERRACE

Enter Florida street address

COOPER CITY

City

Florida 33024

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 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

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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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	STEVE Z LEVI	2875 NE 191ST STREET STE 601	<input type="checkbox"/> Add
		AVENTURA, FL 33180	<input checked="" type="checkbox"/> Remove
AMBR	CHELMINSKY, YEHUDA	9814 NW 2ND STREET	<input type="checkbox"/> Add
		PLANTATION, FL 33324	<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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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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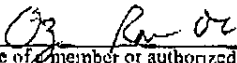
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JANUARY 20, 2015



Signature of member or authorized representative of a member

OZ RAV-ON PA

Typed or printed name of signer

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