Page 1 of 2



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ALPHA BUSINESS CONSULTING,

Account Number : 120080000061 Phone

Fax Number

: (407)582-9830 : (407)294-7677

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Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HORIZONTE'S CLEANING,LLC

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COVER LETTER

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3UD0M.1.	SUBJECT: Name of Limited Liability Company				
		Amendment and fee(s) are suit	•		
		MARIA PINHEIRO			
			Name of Person		
			Firm/Company		
		7022 CARLENE DR			
			Address	Carl.	
		ORLANDO, FL 32835			
			City/State and Zip Code		
		pinheiromaria@att.net		······································	
		E-mail address: (to be used for future annual report notification		
For further is	nformation co	ncerning this matter, please o	all:		
MARIA FII	NHBIRO		407 582-9830		
	Name of	Person	Area Code Daytime Tele	ephone Number	
Enclosed is a	a check for the	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

HORIZONTE'S CLEANING, LL		
(Name of the Lim	ited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited I Florida document number L15000081210	/07/2015 and assigned	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company he	ere:
The new name must be distinguishable and contain the	words "Limited Liability Company," the d	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STREE	ET ADDRESS)	
		
Enter new mailing address, if applicable:		HASSE
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
B. If amending the registered agent and registered agent and/or the new registered of	or registered office address on ffice address here:	our records, enter the name of the ne
Name of New Registered Agent:	ERENICE PAULA DE ARRUDA	BARROS
New Registered Office Address:		
-	Enter Flor	ida street address
		, Florida
	City	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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person, being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGRM	Brenice Paula de Arruda Barros	600 Lundy RD Lot 13	Add
		Auburndale, FL33823	☐ Remove
			☐ Change
MGR	Rafael Felix Antonio	600 Lundy RD Lot 13	■ Add
		Auburndale, FL 33823	□ Remove
			☐ Change
MGR	Paula Barros	600 Lundy RD Lot 13	□ Add
		Auburndale, FL33823	■ Remove
			Chan
			To Add
	·		SE NO PORTO
			☐ Add
			Remove
			[] Change
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			☐ Romove
			Change

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te: If the date inserted in tument's effective date on	this block does not	meet the applica	ble statutory fil	ing requirements,	this date will not	be listed as
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record specifies a de he 90th day after the	layed effective	date, but not	an effective	time, at 12:0	1 a.m. on the	earlier of
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ed May 11		2015				
		x. 1211				