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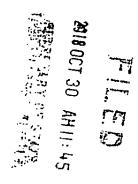
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COVER LETTER

Div	ision of Corp	oorations		
SUBJECT:	Close Horiz	on LLC		
SOBJECT.		Name of Limi	ited Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Carolina Hussing		
			Name of Person	
		Lopez Levi Lowenstein Gl	insky, P.A.	
			Firm/Company	
		201 Alhambra Circle, Suite	e 701	
			Address	
		Coral Gables, FL 33134		
			City/State and Zip Code	
		chussing@Illgpa.com		
		E-mail address: (t	to be used for future annual report notif	ication)
For further in	nformation co	oncerning this matter, please co	all:	
Carolina Hu	ssing		305 774-2945	
,	Name of	Person	Area Code Daytime	: Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 P	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)

TO:

Registration Section

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

Close Horizon LLC	
(Name of the Limited Liability Compan (A Florida Limited L	ny as it now appears on our records.) Dability Company)
The Articles of Organization for this Limited Liability Company $\frac{1}{2}$	were filed on and assigned and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
 If amending the registered agent and/or registered off 	<i>9 •</i>
registered agent and/or the new registered office address here	2:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Pedro Rodriguez	RITTER HOUSE, 5TH FLOOR,	 Add
		ROAD TOWN, TORTOLA, BV VG111-0 BV	☐ Remove
			Change
			Add
			□ Remove
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Filing Fee: \$25.00