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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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SECRETARY OF STATE ALLAHASSEE, FLORIDA

APR 1 5 2016

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: HORIZON Raining Center LLC. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jania azeanio Name of Person
Firm/Company
5021 Cardiff Orre
Holiday florida 34690 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
VENIE Hamling at (813) 405-8190 Name of Porson Area Code Daytime Telephone Number
23,000 23,000 23,000
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$\$ \$55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) \$\$ \$60.00 Filing Fee, 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

(Name of the Limited Liability Compar	ning Center LLC ny as it now appears on our records.)
(A Florida Limited L	
The Articles of Organization for this Limited Liability Company	were filed on $01/07/2016$ and assigned
Florida document number <u>L 1600005026</u> .	,
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabi</u>	
Fin LAY INSTITUTE The new name must be distinguishable and contain the words "Limited Liability or the contain the words" or the contain the words "Limited Liability or the contain the words "Limited Liability or the contain the words" or the contain the words "Limited Liability or the contain the words" or the contain the words "Limited Liability or the contain the words "Limited Liability or the contain the c	of NURSINGLLE.
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:	8011 NORTH Himes AVE
(Principal office address MUST BE A STREET ADDRESS)	suite 4. Tampa fl 33614.
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of	
registered agent and/or the new registered office address here	#
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 provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pubeing filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is
If Chan	ging Pagistared Agent Signature of New Hegistard Agent

Page 1 of 3

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

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<u>Title</u>	Name	Address	Type of Action
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		the date of filing	cannot be prior to date	of filing or more than 90	(optional) days after filing.) Pure	suant to 605.0
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Filing Fee: \$25.00