

To: 850-617-6383

From: moses nae

Pg 1/ 5 04/27/16 4:37 pm

4/27/2016

Division of Corporations

H160001049253ABC

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H16000104925 3)))



H160001049253ABC

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : TAXLEAF.COM INC  
Account Number : I20140000084  
Phone : (305)541-3980  
Fax Number : (305)541-7033

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

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
NEW HORIZON GLOBAL ENTERPRISES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2016 APR 27 PM 5:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 APR 27 PM 5:58

FILED

APR 28 2016

J. BRUCE

Electronic Filing Menu

Corporate Filing Menu

Help

HI6000104925 3

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: NEW HORIZON GLOBAL ENTERPRISES, 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:

**MOSES NAE**

Name of Person

**ACCOUNTANT & MANAGEMENT INC**

Firm/Company

**1549 NE 123RD ST**

Address

**NORTH MIAMI, FL 33161**

City/State and Zip Code

**INFO@TAXLEAF.COM**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**MOSES NAE**

Name of Person

at **(305) 541-3980**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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

HI6000104925 3

FILED  
2016 APR 27 P 1 5  
TALLAHASSEE, FL  
SECRETARY OF STATE

HI6000104925 3  
**ARTICLES OF AMENDMENT  
 TO  
 ARTICLES OF ORGANIZATION  
 OF**

**NEW HORIZON GLOBAL ENTERPRISES, 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 04/25/2016 and assigned Florida document number L16000079969.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

**NEW HORIZONS GLOBAL ENTERPRISES, LLC**

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:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:**

**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**

FILED  
 2016 APR 27 PM 1:5  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

HI6000104925 3  
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
--------------	-------------	----------------	-----------------------

_____	_____	_____	<input type="checkbox"/> Add
-------	-------	-------	------------------------------

_____	_____	_____	<input type="checkbox"/> Remove
-------	-------	-------	---------------------------------

_____	_____	_____	<input type="checkbox"/> Add
-------	-------	-------	------------------------------

_____	_____	_____	<input type="checkbox"/> Remove
-------	-------	-------	---------------------------------

_____	_____	_____	<input type="checkbox"/> Add
-------	-------	-------	------------------------------

_____	_____	_____	<input type="checkbox"/> Remove
-------	-------	-------	---------------------------------

_____	_____	_____	<input type="checkbox"/> Add
-------	-------	-------	------------------------------

_____	_____	_____	<input type="checkbox"/> Remove
-------	-------	-------	---------------------------------

_____	_____	_____	<input type="checkbox"/> Add
-------	-------	-------	------------------------------

_____	_____	_____	<input type="checkbox"/> Remove
-------	-------	-------	---------------------------------

_____	_____	_____	<input type="checkbox"/> Add
-------	-------	-------	------------------------------

_____	_____	_____	<input type="checkbox"/> Remove
-------	-------	-------	---------------------------------

FILED  
2016 APR 27 PM 1:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

To: 850-617-6383

From: noses nae

Pg 5/ 5 04/27/16 4:37 pm

HI6000104925 3

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

---

---

---

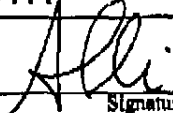
---

---

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 APRIL 26TH, 2016



Signature of a member or authorized representative of a member

CLAUDIA AUGELLI

Typed or printed name of signee

Page 3 of 3

2016 APR 27 P 1:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

HI6000104925 3