

L16000 214 267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

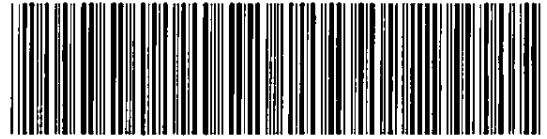
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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03/19/24--01023--026 \*\*60.00

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2024 MAR 19 PM 12:43  
SECRETARY OF STATE  
TALLAHASSEE, FL

# COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: 5 HORN HOLDINGS, 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:

HENDRIK HORN, JR  
Name of Person

5 HORN HOLDINGS, LLC  
Firm/Company

1338 S KILLIAN DRIVE, SUITE 12  
Address

LAKE PARK, FL 33403  
City/State and Zip Code

HHORN@YSCCE.COM  
E-mail address: (to be used for future annual report notification)

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2024 MAR 19 PM 12:43  
SECRETARY OF STATE  
TALLAHASSEE, FL

For further information concerning this matter, please call:

HENK HORN at 954 984-9292  
Name of Person 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 Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



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>	<u>Type of Action</u>
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2009 MAR 23  
SECRETARY OF STATE  
TALLAHASSEE, FL  
PH 813-437-1234  
STAFF

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