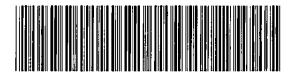
## L16000 214 267

(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



200426034212

09/19/24--01022--026 \*\*60.00

2024 HAR 19 PH 12: 43
SECRETARY OF STATE

## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations OLDINGS, LLC		
SUBJECT:		ited Liability Company	
	Amendment and fee(s) are sub		
	HENDRIK HORN, JR		
		Name of Person	
	5 HORN HOLDINGS, LL	С	
		Firm/Company	
	1338 S KILLIAN DRIVE,	SUITE 12	2021
		Address	
	LAKE PARK, FL 33403		19 19
	HHORN@YSCCE.COM	City/State and Zip Code	2024 HAR 19 PH 12: 43 SECRETARY OF STATE SECRETARY OF STATE
For further information c	E-mail address: ( oncerning this matter, please co	to be used for future annual report notificational:	m) 5 5
HENK HORN .		954 984-9292 at ()	
Name o	d'Person	Area Code Daytime Tele	ephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632	Section Corporations	Street Address: Registration Section Division of Corpora The Centre of Talla	ations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5 HORN HOLDINGS, LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number L16000214267	were filed on 11/23/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	
Enter new principal offices address, if applicable:	1339 S KILLIAN DRIVE, UNIT 10	1202 mm
(Principal office address MUST BE A STREET ADDRESS)	LAKE PARK, FL 33403	F. 50 8 11
		15 5
Enter new mailing address, if applicable:	1339 S KILLIAN DRIVE, UNIT 10	PH IZ
(Mailing address MAY BE A POST OFFICE BOX)	LAKE PARK, FL 33403	FF 43
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the na</u>	me of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Clorida	

## 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.

City

Zip Code

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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			20 Change
		7 7 9 9 7 1	Change Prove Signature of the Change
		- - 1	型点 む _ DChange
			□Add
			□Remove
			🗆 Change
			□Add
			□Remove
		<u> </u>	□Change
			🗆 Add
			□Remove
			🗆 Change

						<del> </del>
_						
_						
_					<del></del>	<del></del> -
<del></del>					_	
_				<del></del>		2021 HAR
					<u> </u>	黄素
						<del>第22</del>
			-			AR B
						PH 12: 13
_						1 142
		J. Bin				
Effective	date, if other than the date	e of filing:			(optional)	) Dumumt to 605.00
It an effect	ive date is listed, the date must be s the date inserted in this block of	loes not meet the	applicable statute	ory filing requiren	nents, this date	will not be listed
Note: If	t's effective date on the Depart	ment of State's re	coras.			
Note: If documen						
documen	specifies a delayed effective dat l.	e, but not an effec	ctive time, at 12:0	) a.m. on the ear	lier of: (b) Th	e 90th day after t
documen ne record s ord is filed	l.		ctive time, at 12:0	H a.m. on the earl	lier of: (b) Th	e 90th day after t
documents te record s ord is filed			ctive time, at 12:0	H a.m. on the earl	lier of: (b) Th	e 90th day after t
documents te record s ord is filed	1. 3/12/2024			of a.m. on the earl		e 90th day after t

Filing Fee: \$25.00