L17000042502

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ac | ddress) | |
| (Ac | ddress) | <u> </u> |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | MAIT | MAIL |
| (Bu | usiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | · |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corpor | | | |
|---|---|---|---|
| SUBJECT: | Name of Limi | T Horles, | LLC |
| The enclosed Articles of Am | endment and fee(s) are sub- | mitted for filing. | |
| Please return all corresponde | ence concerning this matter | to the following: | |
| | Fran | K J. Hagan | JR. |
| | | Firm/Company | |
| | 4801 S. Ur | nuesty DR #1 | <u> </u> |
| | Davie | City/State and Zip Code | |
| - | E-mail address: (t | o be used for future annual report notifi | cation) |
| For further information conc | _ | | |
| Name of Pe | Hagan, JA | at (56) 2-39- Area Code Daytime | Telephone Number |
| Englosed is a check for the fo | ollowing 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| FJ+ C | J Horres, LLC. |
|--|---|
| (Name of the Limited Liability Comp (A Florida Limited | Dany as it now appears on our records.) |
| The Articles of Organization for this Limited Liability Compan Florida document number <u>L176064350</u> 3 | y were filed on 2-23-17 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited lia | bility company here: |
| The new name must be distinguishable and contain the words "Limited Liab | oility 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) | 4801 S. Univerity Dr#131 Davie, F1 33328 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 4801 S. University DR #131 Davie F1 33328 |
| B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he | office address on our records, <u>enter the name of the new</u> |
| | S. Univerty DR #131 Enter Florida street address |
| | Enter Florida street address Ui City 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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|---|---|--------------------------------|
| MGR | CarolJ. Saxton + Frank J. HaganJR TRWO+ | 2800 S WIELDURE Dawieg F1 33331 | Add |
| MGR | Frank J. Hagan, JR | 4801 S. University DR7 Davie, F1 33328 | □ Change # 131 Add □ Remove |
| | | | Change |
| | | | □ Add |
| | | | □ Change □ Add |
| | | | □ Remove |
| | | | |
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| | | | □ Add |
| | | | Change |

| (If an et Note: | tive date, if other than the date of filing: 7-19-19 (optional) Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records. |
|--------------------|--|
| | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of a 90th day after the record is filed. |
| Dated | July 19, 2019 |
| | Intl Course Sto |
| | Signature of a mamber or authorized representative of a member |
| | Signature of a member or authorized representative of a member FRANK J. Hasan JR. + Carol J. Sa |

Page 3 of 3

Filing Fee: \$25.00