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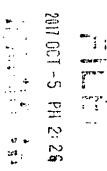
(Requestor's Name)
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COVER LETTER

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TO:	Registration So Division of Cor			
SUBJE(CT:	Horus CC Name of Limit	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Da	nied Agnirae Name of Person	
		Horns	Firm/Company	
		3306	Del Prado R	Styd South # B
			City/State and Zip Code Le har color e to be used for future annual report notif	
For furth	Dan	oncerning this matter, please ca	all: at (<u>954)</u> Area Code Daytime	Z S677 Telephone Number
Enclose	d is a check for th	ne following amount:		
5 \$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

Horns C	C, LLC
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar	ny were filed on 2 23 17 and assigned
Florida document number <u>L170000438</u> 66	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liz	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	- HK
Enter new principal offices address, if applicable:	3306 Del Prado Blud South
(Principal office address MUST BE A STREET ADDRESS)	(ape (an) EC 33904
	and and
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, <u>enter the name of the new</u> ere:
Name of New Registered Agent:	Daniel Agricon
New Registered Office Address:	3306 Del Prado Blud South
Cape	2 Coal Florida 33904 Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>ıt:</u>
I hereby accept the appointment as registered agent and as provisions of all statutes relative to the proper and complete	gree to act in this capacity. I further agree to comply with the te performance of my duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 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>	Type of Action
MGR	David Aguirre	3306 Del Prad	Blud South #B
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			□ Chanue
MOR	Cesar Cardac.	3306 Del Prade	Ndd □
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Filing Fee: \$25.00