117000073781

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SECRETARY OF STATE

4/00.

COVER LETTER

TO: Registration Se Division of Cor		-	
SUBJECT:	HORIZO Name of Lim	N PROPERTY (ited Liability Company	SROUP
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
Division of Corporations Division of Corporations Division of Corporations Division of Corporations	}		
		Firm/Company	
	2917-	TUSCANY CT 10	06
	Palm BEAG	Ch GARDENS S	FL 33410
	JE-mail address: (ERA, 230 AM P to be used for future annual oport notif	ication)
For further information c	oncerning this matter, please c	all:	
Julio Name o	<u>UADERA</u> f Person	at (SG) 667 Area Code Daytime	- 1345 Telephone Number
Enclosed is a check for the	ne 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HORIZO	, 1 1 1
(<u>Name of the Limited Liabili</u> (A Floridi	ity Company as A now appeard on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number 170000737	Company were filed on APRIL 3, 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
RENTING	
The new name must be distinguishable and contain the words "Lim	nited 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 ADDI	RESS)
	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, enter the name of the new
registered agent and/or me new registered office add	<u>iress nere</u> .
Name of New Registered Agent:	
Name of New Registered Agent.	
New Registered Office Address:	Enter Florida street address
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registere	•
	and agree to act in this capacity. I further agree to comply with the
provisions of all statutes relative to the proper and c accept the obligations of my position as registered a	complete performance of my duties, and I am familiar with and gent as provided for in Chapter 605, F.S. Or, if this document is ed office address, I hereby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

• 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
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Pated	3.8·	2018	<u>5</u> .		<u>. </u>	.2					
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		Signa	iture of a mo	ember or au	thorized re	presentativ	e of a memi	ner			

Page 3 of 3

Filing Fee: \$25.00