## 117000078158

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(Address)
,
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## **COVER LETTER**

TO:	Registration Se Division of Cor									
CUDI	Horizons 19	900 LLC								
Name of Limited Liability Company										
		Amendment and fee(s) are sub	-							
Please	return all correspo	ndence concerning this matter	to the following:							
		Timothy J. Muldoon								
			Name of Person							
		Horizons 1900 LLC								
Firm/Company  51 Little Harbor Way  Address										
								Deerfield Beach, FL 3344	1	
									City/State and Zip Code	
		tjjoseph1966@gmail.com E-mail address: (	to be used for future annual report notif	ication)						
For fu	rther information c	oncerning this matter, please c	all:							
Timot	hy J. Muldoon		754 3995931							
	Name o	f Person	Area Code Daytime	: Telephone Number						
Enclos	sed is a check for th	ne following amount:								
\$2	5.00 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)						

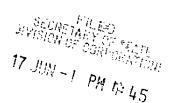
MAILING ADDRESS:

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



Horizons 1900 LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number L17000078158		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation	n "LLC" or the abbreviation "L,L.C."
Enter new principal offices address, if applicable:	***************************************	
(Principal office address MUST BE A STREET ADDRE	<u></u>	
		The state of the s
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 address Name of New Registered Agent:		ecords, enter the name of the n
New Registered Office Address:	Enter Florida stree	address
New Registered Office Address:	City	address, Florida Zip Code
New Registered Office Address:	City	
	City  Agent:  If agree to act in this capacity  In a provided for in Chapter	, Florida

'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>	Name	Address	Type of Action
MGR	Timothy J. Muldoon	PO Box 1234	<b>≣</b> Add
		Deerfield Beach, FL 33443	☐ Remove
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			Remove
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		-		A PROCESSION AND THE STATE OF T		
Note: If the d	e, if other than the date is listed, the date must be ate inserted in this block fective date on the Department.	does not meet the a	ipplicable statutory	g or more than 90 days a filing requirements,	ptional) after filing.) Pursuant to 605.4 this date will not be listed	0207 (3)(I d as the
	pecifies a delayed ef day after the record		it not an effect	ive time, at 12:0	1 a.m. on the earlie	r of:
Dated May 28	3	, 2017	·			
Dated		_				

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Typed or printed name of signee

Filing Fee: \$25.00