## 117000236255

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(Address)
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## **COVER LETTER**

TO:

TO: Registration Se Division of Cor			
	ANAGEMENT, LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Raymond Monteleone		
		Name of Person	
	Paladin Global Partners, L	LC	
		Firm Company	<del></del>
	777 SE 20th Street Ste 230	)	
		Address	
	Fort Lauderdale, Florida 3	3316	_
		City/State and Zip Code	<del></del>
	ray@paladinglobalpartners.	.com to be used for future annual report r	notification)
For further information c	oncerning this matter, please co		(Milicanon)
Ray Monteleone		954 653-1071	
Name o	l'Person	Area Code Day	time 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 S		Street Address Registration	Section
Division of C	Corporations	Division of C	Corporations f Tallahassee
P.O. Box 632 Tallahassee, I			roe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HORNE MANAGEMENT, LLC			
(Name of the Lim	ited Liability Company as it now appears on our (A Florida Limited Liability Company)	records.)	
The Articles of Organization for this Limited I Florida document number <u>L17000236255</u>	Liability Company were filed on April 20, 20	and assigned	
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability company here:		
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u> </u>		
B. If amending the registered agent and/or agent and/or the new registered office address.  Name of New Registered Agent:	•	enter the name of the new registe	
Name of New Registered Agent.	777 CF 201 Ct Ct . 220		
New Registered Office Address:	777 SE 20th Street Ste 230  Enter Florida street address		
	Fort Lauderdale	, Florida 33316	
	Cin	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

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
CFO	Raymond Monteleone	777 SE 20th Street, Suite 230	□Add
		Fort Lauderdale, FL 33316	□ Remove
			\begin{align*}
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			Change
			□Remove
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			Change
			□Add
			□Remove
			□Change

amending	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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fan effective Note: If the	date, if other than the date of filing:	605.0207 listed as
record spe d is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a	ifter the
Dated Octo	ober 22  2022  Signature of a member or authorized representative of a member	-
	William E. Horne, Manager  Typed or printed name of signee	-

Filing Fee: \$25.00