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VORD to 255 PRY 1PL SMALVE TO 255 PROTECTIONS

SECRETARY OF STAN

M. MILLIGAN AUG 17 2018

COVER LETTER

SUBJECT:	BJECT: Horizon Harbar LLC Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. see return all correspondence concerning this matter to the following: Robert S Evers Name of Person Firm/Company \$7726 Green bank Blvd Address Winder mere, FL 3 4786 City/State and Zip Code rob@ horizon harbor, com E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: Robert S Evers Name of Person at (\$50		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Rober	+ 5 Evers Name of Person	
	8724	Greenbonk Bl Address	\\ J
	Windern	nere, FL 3478	6
	E-mail address: (City/State and Zip Code Description harbor to be used for future annual report not	ification)
For further information e		·	,
Robert Name o	f Person		
Enclosed is a check for the	he following amount:	Name of Limited Liability Company ment and fee(s) are submitted for filing. concerning this matter to the following: Robert S Evers Name of Person Firm/Company 8724 Green bank Blvd Address Winder mere L 3 4786 City/State and Zip Code rob horizonharbor.com E-mail address: (to be used for future annual report notification) ag this matter, please call: Evers at (450) 218-28/8 Daytime Telephone Number wing amount: 80.00 Filing Fee & S55.00 Filing Fee & Certificate of Status & Certificate Copy (additional copy is enclosed) Certificate of Status & Certificed Copy (additional copy is enclosed)	
\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

He	orizon Harb	or LLC	
(<u>Name of the Limite</u> (d Liability Company as it A Florida Limited Liability	now appears on our records. Company)	
		iled on <u>1/3/14</u>	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability co	mpany here:	
The new name must be distinguishable and contain the we	ords "Limited Liability Com	pany," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	<u> (ADDRESS)</u>		
	nendment is submitted to amend the following: Immending name, enter the new name of the limited liability company here: Iname must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." Iname principal offices address, if applicable: Inal office address MUST BE A STREET ADDRESS) The mailing address, if applicable:		
Enter new mailing address, if applicable:		,	
Mailing address MAY BE A POST OFFICE E	<u></u>		
		ddress on our records,	enter the name of the new
Name of New Registered Agent:	Robert	5 Evers	
New Registered Office Address:	8726 Grz	enbank Blvd Enter Floridu street address	
	Windermen	<u>~</u>	rida 34786
	Cii	l v	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

Title	Name	Address	Type of Action
AMBR	Robert 5 Evers	8726 Granbonk Blud	
		8726 Greenbank Blud Windermarc, FL 34786	Remove
			Change
		<u></u>	☐ Remove
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ffective date, if other the an effective date is listed, the	an the date of filir date must be specific ar	ig:id cannot be prior [o date of filing or mor	(option than 90 days after fi	i al) ling.) Pursuant to 6	05.0207
ote: If the date inserted in ocument's effective date of	this block does not	meet the applica	ble statutory filing	requirements, this c	late will not be li	sted as
e record specifies a d The 90th day after th	elayed effective ne record is filed	date, but not	an effective tir	ne, at 12:01 a.	m. on the ear	lier of
nted		- ,				
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	-// <i></i> // -	· ·				
	Signature of a	i member or autho	rized representative o	f a member	- <u>- ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;</u>	2018 AUG 17

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Filing Fee: \$25.00