

**L18 0000 25812**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

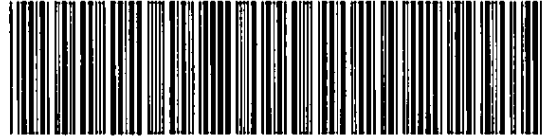
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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AUG 16 2020

**S. YOUNG**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: IP Horizon LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Taylor Shepherd

\_\_\_\_\_  
Name of Person

Call 48

\_\_\_\_\_  
Firm/Company

2865 Sunrise Blvd Suite 220

\_\_\_\_\_  
Address

Rancho Cordova, CA 95742

\_\_\_\_\_  
City/State and Zip Code

tshepherd@call48.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Taylor Shepherd

916 235-2003  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

IP Horizon LLC

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

The Articles of Organization for this Limited Liability Company were filed on 1/29/2018 and assigned  
Florida document number L18000025812

This amendment is submitted to amend the following:

**A. If amending name, enter the new name 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 applicable:

**(Principal office address MUST BE A STREET ADDRESS)**

7700 Congress ave

Suite 3214

Boca Raton, FL 33487

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

2865 Sunrise Blvd

Suite 220

Rancho Cordova, CA 95742

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

InCorp Services, Inc.

New Registered Office Address:

17888 67th Court North

*Enter Florida street address*

Loxahatchee

*City*

Florida 33470

*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.*



Jackie DeFilippis on behalf  
of InCorp Services, Inc.

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>           | <u>Type of Action</u>                      |
|------------------------|------------------|--------------------------|--|
| MMBR                   | Michael Halperin | 7700 Congress Ave        | <input checked="" type="checkbox"/> Add    |
|                        |                  | Suite 3214               | <input type="checkbox"/> Remove            |
|                        |                  | Boca Raton, FL 33487     | <input type="checkbox"/> Change            |
| AMBR<br><del>MBR</del> | Jim Beausoleil   | 2865 Sunrise Blvd        | <input checked="" type="checkbox"/> Add    |
|                        |                  | Suite 220                | <input type="checkbox"/> Remove            |
|                        |                  | Rancho Cordova, CA 95742 | <input type="checkbox"/> Change            |
| MBR                    | Robert Russell   | 1515 Park Center Drive   | <input type="checkbox"/> Add               |
|                        |                  | Orlando, FL 32835        | <input checked="" type="checkbox"/> Remove |
|                        |                  |                          | <input type="checkbox"/> Change            |
|                        |                  |                          | <input type="checkbox"/> Add               |
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated June 30, 2020



Signature of a member or authorized representative of a member

Tim Beausoleil

Typed or printed name of signee