U8000 134 154

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800323476788

01/22/19--01031--073 (**3).00.

COVER LETTER

то:						
•	Horizon Im	naging LLC				
SUBJECT:Name of Limited Liability Company						
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	Name of Limited Liability Company closed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: Kara Jayne Selvia Name of Person Firm/Company 7616 Oleander Gate Drive #102 Address Naples, Fl. 34109 City/State and Zip Code kselvia@conselinc.com E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call: ayne Selvia Name of Person 239 Name of Person Area Code Daytime Telephone Number ed is a check for the following amount: 5.00 Filing Fee Certificate of Status Certificate Copy Certificate of Status					
		Kara Jayne Selvia				
			Name of Person			
			• •			
		7616 Oleander Gate Drive	#102			
		Naples, Fl. 34109	Address			
		kselvia@conselinc.com	City/State and Zip Code			
		E-mail address: (to be used for future annual report notif	ication)		
For fu	orther information c	oncerning this matter, please ca	all:			
Kara	Jayne Selvia					
	Name o	f Person	Area Code Daytimo	e Telephone Number		
Enclo	sed is a check for th	ne following amount:				
□ \$2	25.00 Filing Fee					

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

Horizon Imaging LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company	were filed on 05/30/2018	and assigned
lorida document number L18000134154		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	pility company here:	
forizon Construction Technologies LLC		
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" o	or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		٤. ،
Principal office address MUST BE A STREET ADDRESS)		, p.
		7.3
nter new mailing address, if applicable:		လ့
Mailing address MAY BE A POST OFFICE BOX)		-11
Maning waters MAT DE ATOST OFFICE BOAT		
		
. If amending the registered agent and/or registered o	ffice address on our records,	enter the name of the
egistered agent and/or the new registered office address her		
Name of New Registered Agent:		
New Registered Office Address:		
Tell Heliand Office Hadress.	Enter Florida street address	
	, Flor	ida
· · · · · ·	City	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 = M AMBR = A	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
			÷
			☐ Add
			Change
			Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			Change
			Add
			Remove
			☐ Change
			□ Remove
			□ Changa

		· · · · · · · · · · · · · · · · · · ·
-		
_		
_		
_		
_	· · · · · · · · · · · · · · · · · · ·	
_		
_		· ·
_		·····
-	- 	
_		
_		2
-		
		
_		
Note:	ive date, if other than the date of filing: ective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90. If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	
(b) The	cord specifies a delayed effective date, but not an effective time, at 1 90th day after the record is filed.	12:01 a.m. on the earlier
Dated _	January 17 2019	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00