

L18000292542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

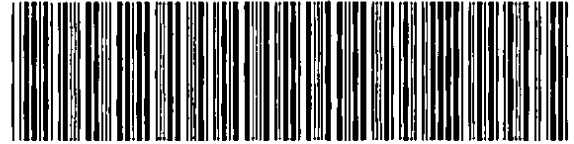
(Business Entity Name)

(Document Number)

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05/06/19--01033--022 **25.00

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2019 MAY -6 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FL

Amend + N/C

S. Tallent

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Horizon Home Repair Solutions 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:

Anthony W. Rehm
Name of Person
Horizon Home Repair Solutions LLC
Firm/Company
1826 SW 28th Terrace
Address
Cape Coral FL 33914
City/State and Zip Code
Hammer7763@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anthony W. Rehm at (239) 443-8973
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/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 Home Repair Solutions 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 12/20/2018 and assigne
Florida document number L18000292542.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Horizon Home Repair Solutions LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE FL

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

Name of New Registered Agent:

Anthony W. Rehm

New Registered Office Address:

Enter Florida street address

Florida

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 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>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

1) Correct Title MGR name Spelling
From: Rehm, Anothny W
To: Rehm, Anthony W.

2) ADD/UPDATE FE/EIN number to:
83-4203531

3) Amend spelling of Registered Agent name
to include middle initial of W.
from: Anthony Rehm
to: Anthony W. Rehm

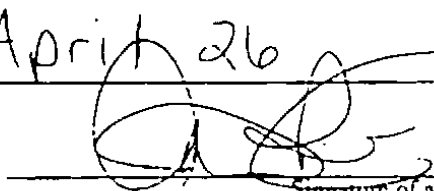
F. Effective date, if other than the date of filing: _____ (optional)

(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 GOS.0207

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 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 April 26, 2019



Signature of a member or authorized representative of a member

Anthony W. Rehm

Typed or printed name of signer