L19000124761

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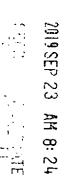
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COVER LETTER

	Registration Sec Division of Corp		.			
SHE IFC	THE MARK AT HORIZON WEST, LLC Name of Limited Liability Company					
SUBJEC						
The enclo	osed Articles of a	Amendment and fee(s) are sub	mitted for filing.			
Please ret	urn all correspo	ndence concerning this matter	to the following:			
		AMY BARNARD				
		<u>. – – – </u>	Name of Person			
	UNICORP NATIONAL DEVELOPMENTS, INC.					
		Firm/Company				
	7940 VIA DELLAGIO WAY, SUITE 200					
		Address				
		City/State and Zip Code				
		AMY@UNICORP.COM		V		
		E-mail address: (to be used for future annual report notif	cation)		
For furthe	er information co	oncerning this matter, please ca	all:			
AMY BA	ARNARD		407 999-9985 EX			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed	is a check for th	e following amount:				
\$25.0	0 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

THE MARK AT HORIZON WEST, 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 MAY 8, 2019 and assigned Florida document number [1.1900012476] This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address .Florida __ City

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
MGR	CW FAMILY, LLLP	7940 VIA DELLAGIO WAY	□ Add
		SUITE 200	
		ORLANDO, FL 32819	■ Remove
MGR	UNICORP INVESTORS III, LLC	7940 VIA DELLAGIO WAY	Change
		SUITE 200	
		ORLANDO. FL 32819	□ Remove
		ORLANDO, PE 32819	Change
			Add
			☐ Remove
			Change
			Add
			□ Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change

	N/A
E. Effe	etive date, if other than the date of filing:
No	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
doc	ment's effective date on the Department of State's records.
f the b) T	ecord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of: e 90 th day after the record is filed.
	$\mathcal{D}_{\mathcal{S}}$
Dat	SEPTEMBER 20 2019
Dat	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00