L19000151652

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	÷ #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nam	ne)
(2.2		,
	ocument Number)	
(50	odmene (tamber)	
Cartified Carios	Continues	of Status
Certified Copies	_ Centificates	or Status
Special Instructions to	Filing Officer:	

Office Use Only



800391904698

00000 VERT 1 - 011 + 457,00

2022 AUG -1, PM 5: 09

Millianes Series de

2022 AUG -4 PM 4:2"

0 8 3 2022

Advanced Incorporating Service

1317 California Street P.O. Box 20396 Tallahassee, FL 32316 Phone: 850-222-CORP Fax: 850-575-2724 Email: wlopez@aisincfl.com Website: www.aisincfl.com

HOVIZON Structural
Developers, LLC
FOR OFFICE USE ONLY
PICK ONE:
CERTIFIED COPYPHOTOCOPYC.U.S.
FILING:
CORPORATIONLLCLIMITED PARTNERSHIPGENERAL PARTNERSHIP
FICTITIOUS NAMESERVICEMARK/TRADEMARKAMENDMENT
FOREIGN QUALIFICATIONJUDGMENT LIEN
OTHER
RETRIEVAL:
GOOD STANDING CERT/C.U.SCERTIFIED COPYPHOTOCOPY
Of
APOSTILLE/NOTARY CERTIFICATION REQUEST:
Country
Amount of Documents
DATE 8/4/22 TIME
Notes:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

2022 AUG -4 PH 5: 09

	OF	
HarizON STRUCT	nast Developens	, ilc — ""
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our re ed Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L/900/5/65</u> .2	ny were filed on	7/9 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li		
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation	"LLC" or the abbreviation "L.L.C."
The new name must be distinguishable and contain the words "Limited Lia Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	7105 NW	53 Nd. TERRACE
(Principal office address MUST BE A STREET ADDRESS)	Mindy, F	1, 33166
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same	
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>e</u> i	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
		, 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 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 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>	Address	Type of Action
MGR/Pres.	ANA B. JAIMES	7/05 NW 53rd Ten	achado
		Miami, FL 33166	Z □Remove
			□Change
AMBR/CE	O Omar R. Lopez	7105 NW 53rd Terra Miami, FL 33166	<u>C</u> L Add
	,	Miami, FL 33166	Remove
			MChange
	<u> </u>		v Add
			Remove
			Change
	<u> </u>		1Xdd
			□Remove
			[]Change
	·		□Add
			□Remove
			□ Change
			□Add
			□Remove
			Chango

_	
_	
_	
_	
_	
-	
-	

_	
_	
_	
Note: 1	re date, if other than the date of filing: (optional) tive 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 (f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as that it is effective date on the Department of State's records.
docume	
he record ord is file	
he record ord is file	
the record	d.

Filing Fee: \$25.00