

L19000189622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

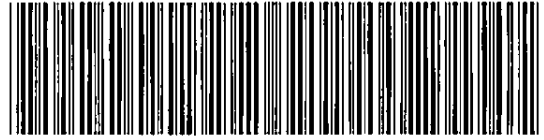
(Document Number)

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2024 DEC 18 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TEAH ENTERPRISES 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:

GENE NATALE

Name of Person

PRO TAX CORPORATE SERVICES

Firm/Company

450 PAIGE CT

Address

MELBOURNE FL 32940

City/State and Zip Code

drgnatale@aol.com

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

For further information concerning this matter, please call:

GENE NATALE

321 213-1699

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)

FLORIDA DEPT OF STATE

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**

TEAH ENTERPRISES LLC

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

The Articles of Organization for this Limited Liability Company were filed on 07/24/2019 and assigned Florida document number L19000189622.

This amendment is submitted to amend the following:

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

HORIZON INTEGRATED PROPERTIES, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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)

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:

GENE NATALE

New Registered Office Address:

450 PAIGE CT

Enter Florida street address

MELBOURNE

City

Florida 32940

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

1024 DEC 18 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

Title	Name	Address	Type of Action
AMBR	SHERELL TEAH	950 Malabar Rd SW	<input type="checkbox"/> Add
		#110118	<input checked="" type="checkbox"/> Remove
		PALM BAY, FL 32907	<input type="checkbox"/> Change
AMBR	FRIDAY TEAH	950 Malabar Rd SW	<input type="checkbox"/> Add
		#110118	<input checked="" type="checkbox"/> Remove
		PALM BAY, FL 32907	<input type="checkbox"/> Change
AMBR	TRIPLE N ENTERPRISES LLC <i>TRUSTEE</i>	950 Malabar Rd SW	<input checked="" type="checkbox"/> Add
		#110118	<input type="checkbox"/> Remove
		PALM BAY, FL 32907	<input type="checkbox"/> Change
			<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
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

(2)

[Signature]

D. If amending any other information, enter change(s) here: (attach additional sheets, if necessary)

E. 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 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 12/11/2024

④ Hauss

Signature of a member or authorized representative of a member

SHERELL TEAH, MMBR

Typed or printed name of signee

Filing Fee: \$25.00

③

Lu