

L20000009359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

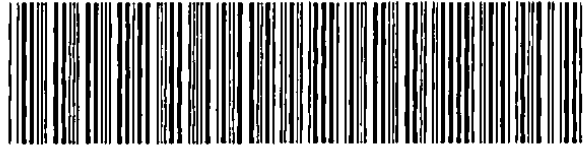
(Business Entity Name)

(Document Number)

1 Copies _____ Certificates of Status _____

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20 JAN 24 AM 9:29
DIVISION OF CORPORATIONS
JAN 24 2020

JAN 24 2020
C McNAIR

Registration Section
Division of Corporations

4 Horseman LLC
Name of Limited Liability Company

Articles of Amendment and fee(s) are submitted for filing.

Return all correspondence concerning this matter to the following:

Danny Ortiz
Name of Person

Firm/Company

1114 Isadore Dr
Address

Orlando FL 32725
City/State and Zip Code

ORTIZDNY@gmail.com
E-mail address (to be used for future annual report notification)

For information concerning this matter, please call:

Danny Ortiz at (407) 802-0371
Name of Person Area Code Daytime Telephone Number

is a check for the following amount:

- ☐ \$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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

20 JAN 24 AM 9:29

STATE OF FLORIDA
DIVISION OF CORPORATIONS

TO
ARTICLES OF ORGANIZATION
OF

FLORIDA
CLERK OF STATE
DIVISION OF CORPORATION

4 Horseman LLC

20 JAN 26 AM 9:29

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

Articles of Organization for this Limited Liability Company were filed on 1-2-2020 and assigned document number 2200009359.

Amendment is submitted to amend the following:

Changing name, enter the new name of the limited liability company here:

Name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

New principal offices address, if applicable:

all office address MUST BE A STREET ADDRESS

New mailing address, if applicable:

all address MAY BE A POST OFFICE BOX

Changing 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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____

City

Zip Code

Registered Agent's Signature, if changing Registered Agent:

I 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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is submitted 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

Manager
= **Authorized Member**

Type of Action

☐ Change

Adding any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Correct owner info from MGR to Danny Ortiz.

Effective date, if other than the date of filing: ~~11/01/2019~~ 01/07/2020 (optional)

If the 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)

If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the agent's effective date on the Department of State's records.

If the date 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 date of filing.

January 07, 2020.

Signature of a member or authorized representative of a member

Danny Ortiz

Typed or printed name of signee