Note: Please print this page and use it as a cover sheet. Typ	the fax audit number
(shown below) on the top and bottom of all pages of	the document.
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To: Division of Corporations Fax Number : (850)617-6383	- · · · · · · · · · · · · · · · · · · ·
From: Account Name : THE LAW OFFICES OF NICK SPRA Account Number : I20070000020 Phone : (813)435-3176 Fax Number : (813)333-6358 **Enter the email address for this business entity to b annual report mailings. Enter only one email addre Email Address: Nick. Cotunio (0.00)	be used for future to the state of the state
LLC AMND/RESTATE/CORRECT OR M/M HORSESHOE POINT HOLDINGS, I Certificate of Status	
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	T. LEMIEUX

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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HORSESHOE POINT HOLDIN	CS 1 (C			
		nay as it now appears on our rec Lizblity Company)	vrds.)	
The Articles of Organization for this Limited Florida document number 120000020957			and assigned	
This amendment is submitted to amend the for	llowing:	÷		
A. If amending name, enter the new name		· -		
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designation "L	LC" or the abbreviation "1. L.C."	
Euter new principal offices address, if applicable:		5569 SE Horseshoe Point RD		
(Principal office address MUST BE A STREET ADDRESS)		Stuart, FL 34997		
Eater new mailing address, if applicable:		5569 SE Horseshoe Point R	ρ. 2	
(Mailing address MAY BE A POST OFFICE BOX)		Stuart, FL 34997	<u> </u>	
:				
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office a <u>us here</u> :	iddress on ou <u>r</u> records, <u>ent</u> i	er the name of the new registered	
Name of New Registered Agent:	Nicholas Rotin	do		
New Registered Office Address:	5569 SE Horseshoe Point RD		· · · · · · · · · · · · · · · · · · ·	
		Enter Florida street address		
	STUART	f	lorida <u>34997</u>	
•		Ciny	Zip Code	

New Registered Agent's Signature, if changing Registered Agent;

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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 ohange.

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 = Anthorized Member

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<u>Title</u>	Name	Address	Type of Action
MGRM	DINA ROTUNDO	4191 SE PETERSON LN	D884
			ERemove
		STUART, FL 34997	
MGRM	ROCÇO ROTUNDO	4191 SE PETERSON LN	
		STUART, FL 34997	Change
MGRM	Nichoins Rotundo	5569 SE Horseshoe Point RD	8Add
			🗆 Remove
		STUART, FL 34997	Change
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. 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 ar more than 90 days after filing.) Pursuant to 605.0207 (3)(b) <u>Note:</u> 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 specifics 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 _ Af 6 member or authorized representative of a member

Nicholas,Rorundo

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