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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPAT CONSULTING CORP.

Account Number : I20190000096 Phone : (407)745-1112 : (407)641-8083 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ACC@EXPATCONSULTING.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MADEIRA MALACARNE, LLC

| Certificate of Status | U |
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| Certified Copy | 0 |
| Page Count | 06 |
| Estimated Charge | \$25.00 |



From: EXPAT CONSULTI

COVER LETTER

| TO: Registration Se Division of Cor | | 4, • | |
|--|---|---|--|
| | MALACARNE, LLC | 4 | • |
| SUBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | NILTON FREGNI | | |
| | | Name of Person | |
| | EXPAT CONSULTING C | ORP | |
| | | Firm/Company | |
| | 8615 COMMODITY CIRC | CLE, ST 11 | |
| | | Address | |
| | ORLANDO - FL - 32819 | | |
| | | City/State and Zip Code | |
| | ACC@EXPATCONSULTI | | |
| | E-mail address: (| to be used for future annual report not | ification) |
| For further information c | oncerning this matter, please o | all: | |
| NILTON FREGNI | | 407 745.1112 at () | |
| Name o | f Person | Area Code Daytin | ne Telephone Number |
| Enclosed is a check for the | ne following amount: | | |
| ■ \$25.00 Filing Fee | S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee. Certificate of Status & Certified Copy cadditional copy is enclosed) |
| MailingAddres | | <u>StreetAddress:</u> Registration Se | ection |
| Registration S Division of C | | Division of Co | |
| P.O. Box 632 | .7 | The Centre of | Fallahassee |
| Tallahassee. | FL 32314 | 2415 N. Monre | ne Street, Suite 810 |

Tallahassee, FL 32303

Page: 6 of 8

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| MADEIRA MALACARNE, 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 02/04/2020 and assigned |
| Florida document number L20000041559 |
| This amendment is submitted to amend the following: |
| A. If amending name, enter the new name of the limited liability company here: |
| HORIZON WEST NEVESTMENTS CLG |
| The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| 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 register agent and/or the new registered office address here: |
| Name of New Registered Agent: |
| New Registered Office Address: |
| Enter Florida street address |
| City Florida |
| Non-Pagistared Agent's Signature if changing Registered Agent |

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.

To: +18506176383 Page: 7 of 8 2022-04-21 18 22:12 GMT 14076418083

From: EXPAT CONSULTI

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 |
|--------------|-------------|--------------|----------------|
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| Notes | tive date, if other than the date of filing: |
| the re) The | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed. |
| Dated | 04/18/3022 |
| | W. I. P. Dance |
| | Signature of a member of authorized representative of a member |
| | |
| | GUATAR LOURERO MALACARNO |