L20000246134

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(Cit	y/State/Zip/Phone #)	
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(Bu	siness Entity Name)	
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Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer	
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Office Use Only



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3/15/23 V.(N: 2023 JAN -3 PM 2: 35 SECRETARY OF STATE

FILED

COVER LETTER

TO: Registration S Division of Co			
	Media, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter	-	
	Chelsea Sievers		
		Name of Person	
	Horizon West Creative, L	LC	
		Firm/Company	
	15713 Cutter Sail Pl		
		Address	
	Winter Garden, FL 34787		
		City/State and Zip Code	
	chelsea@horizonwestcreati		
		to be used for future annual report notifi	cation)
For further information (concerning this matter, please c	all:	
Chelsea Sievers		407 907-5200 at ()	
Name (of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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)
Mailing Addre	<u>ss:</u>	Street Address:	

Registration Section
Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 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

Level 27 Media, LLC					
(Name of the Limited Liab (A Flor	pility Company as it n ida Limited Liability C	ow appears on our rect ompany)	<u>ords.</u>)		
The Articles of Organization for this Limited Liability Florida document number 1.20000246134	Company were fil	ed on <u>07/09/2020</u>		and assig	ned
This amendment is submitted to amend the following					
A. If amending name, enter the new name of the l	imited liability co	npany here:			
Horizon West Creative, LLC					
The new name must be distinguishable and contain the words "I	limited Liability Comp	pamy," the designation "l	LC" or the	abbreviation "L.L.	.(``,```
Enter new principal offices address, if applicable:	1571.	3 Cutter Sail Pl		2023	
Principal office address MUST BE A STREET AD	DRESS) Winte	er Garden, FL 34787			<u></u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3 Cutter Sail Pl er Garden, FL 34787		Y OF STATE	ED
B. If amending the registered agent and/or registo agent and/or the new registered office address her	ered office address re:	s on our records, <u>en</u>	<u>ter the n</u>	ame of the new	<u>register</u>
Name of New Registered Agent: Cl	nelsea Sievers				
New Registered Office Address: 15	713 Cutter Sail Pl	Enter Florida street aa	ldress		
W	inter Garden		. Florida	34787	
				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. Thereby confirm that the limited liability company has been notified in writing of this change.

f 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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Steven Sievers	15713 Cutter Sail Pl	
		Winter Garden, FL 34787	≡ Remove
			☐Change
			□Add
			□Remove
			□ Change
			🗆 🗀 Add
			□ Remove
		·	
			□Remove
			□ Change
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			□Remove
			Change
			□ Remove
			□ Change

Page 2 of 3

Company will now only have	e one AMBR - Chelsea S	ievers		
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	January	1 2022		
ctive date, if other than the effective date is listed, the date must	date of filing:	ine to data of filing or o	(optional)	Pursuant to 605 0
e: If the date inserted in this blo	ek does not meet the app	dicable statutory filin	g requirements, this date	will not be listed
ament's effective date on the De	partment of State's recor	ds.		
ecord specifies a delayed	offective data but	not an official t	imo at 12:01 a m	on the earlier
ne 90th day after the reco		not an enective t	mie, at 12.01 a.m. (on the earner
ed December 27	2022			
1 Hickory	Signature of a thember or at			
- We have 2	Klri. C. Y			