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(Requestor's Name)				
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(City/State/Zip/Phone #)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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SUBJECT:	HORAZON	N _i 4 LLC	< .	•
	,	Name of Lim	ited Liability Company	
The enclosed	l Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
			Name of Person	
		INTERTAX LLC		
			Firm/Company	
		101 BRINY AVE SUITE	2405	
			Address	
		POMPANO BEACH FL 3	3062	
		ISABEL@TRUSTAXLLC.	City/State and Zip Code	
			to be used for future annual report no	otification)
For further is	nformation co	oncerning this matter, please ca	all:	
ISABEL OR	DONEZ		954 253 1224	
	Name of	Person	at () 253 1224 Area Code Dayti	me Telephone Number
Enclosed is a	check for th	e following amount:		
≡ \$25,00 I	iling Fee	S30.00 Filing Fee & Certificate of Status	S55.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HORAZON 4 L	LC		
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our records.) Limited Liability Company)		
The Articles of Organization for this Limited Liability Co Florida document number L20000329376 L2004	ompany were filed on 10-19-2020 © 329 495	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company here:		
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the	e abbreviation ::L.L.C."	
Enter new principal offices address, if applicable:		50	
• • • • • • • • • • • • • • • • • • • •			
(Principal office address MUST BE A STREET ADDR	<u> </u>	<u> </u>	
			
		က <u>်</u>	
Enter new mailing address, if applicable:	 		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter the na</u>	ame of the new registere	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
- 	City	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

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
MGR	LLC, ESTUDIO K	2800 GLADES CIR STE 104	
		FORT LAUDERDALE FL 33327	□Remove
			\(\begin{align*} align
MGR	JOSE A. KOTSIAS	2800 GLADES CIR STE 104	
		FORT LAUDERDALE STE 104	□ Remove
			☐ Change
			□ Add
			□Remove
			□Change
			🖸 Add
			□Remove
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. If amending any other information	,	,		
				
				
				
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Effective date, if other than the da (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depart	k does not meet the applica	able statutory filing requi	(optional) 190 days after filing.) Pursuar rements, this date will not	nt to 605.0207 (; be listed as th
he record specifies a delayed effective dord is filed.	ate, but not an effective tin	me, at 12:01 a.m. on the	earlier of: (b) The 90th d	lay after the
Dated OCTOBER, 28	2020	<u> </u>		
	gnatéré of a member or autho	orized representative of a me	ember	
	ISABEL ORDO			
		ed name of signee	-	

Filing Fee: \$25.00