

L70000329495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

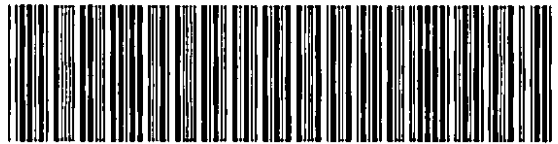
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HORAZON4 LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Name of Person

INTERTAX LLC

Firm/Company

101 BRINY AVE SUITE 2405

Address

POMPANO BEACH FL 33062

City/State and Zip Code

ISABEL@TRUSTAXLLC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ISABEL ORDONEZ

954

253 1224

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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

HORIZON 4 LLC

The Articles of Organization for this Limited Liability Company were filed on 10-19-2020 and assigned Florida document number L20000329376 L20000329495

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>	<u>Address</u>	<u>Type of Action</u>
MGR	LLC, ESTUDIO K	2800 GLADES CIR STE 104	<input type="checkbox"/> Add
		FORT LAUDERDALE FL 33327	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	JOSE A. KOTSIAS	2800 GLADES CIR STE 104	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE STE 104	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

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 or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: 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 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 record is filed.

Dated OCTOBER, 28 2020

Howell B3
Signature of a member or authorized representative of a member

ISABEL ORDONEZ

Typed or printed name of signee

Filing Fee: \$25.00