## L21000151370

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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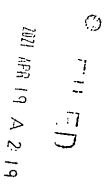
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## **COVER LETTER**

TO:

TO: Registration ! Division of Co					
	NTSJC LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	oondence concerning this matter	to the following:			
	JULIO ARTEAGA SR.				
		Name of Person	44-1		
	HORIZONTSJC LLC				
	Firm/Company				
	7706 SW 6TH ST				
		Address			
	NORTH LAUDERDALE,	FL 33068			
		City/State and Zip Code			
	JCARTEAGA31@GMAIL E-mail address: (	to be used for future annual report notifi	ication)		
For further information	concerning this matter, please ca	all:			
JULIO ARTEAGA SR		954 296-9890			
Name	of Person	at () Area Code Daytime	Telephone Number		
Enclosed is a check for		ET éss no par la le	5 540 00 PHILL P		
1 \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Sec. Certificate of Status & Certified Copys- (additional copy is Enclosed)		
			9		
Mailing Address Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 327	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	porations allahassee Street, Suite 810		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this 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 03/31/2021 and assigned Florida document number L21000151370

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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 registered agent and/or the new registered office address here:

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.

Name of New Registered Agent:

New Registered Office Address:

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

Enter Florida street address

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	JULIO ARTEAGA SR.	7706 SW 6TH ST	<b>≡</b> Add
		NORTH LAUDERDALE, FL 33068	
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	Signature of a	thomber of authorized rep	resentative of a member		
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Filing Fee: \$25.00