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(Requestor's Name)
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COVER LETTER

Division of Corp	orations		
SUBJECT: HOSA	nan Family Name of Lim	Holdings LLC	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	5.	ha Horna	
Name of Person			
	-	Firm/Company	
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	E-mail address: (to be used for future annual report noti	fication)
For further information con	ncerning this matter, please ca	all:	
Jah H.		KED 7-11	(727
Name of	A M SA	at (\$50 Area Code) 30 4-	e Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee.
,,	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Add		C4 A J.J	
Mailing Address: Registration Se		<u>Street Address:</u> Registration Sec	ction
Division of Co		Division of Com	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

Hosman Family Holdings, LLC (Name of the Limited Liability Company as it now appears on our records.)
(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 50th 16 and assigned florida document number <u>LZ1000417073</u> .
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Horner RE Holdings LLC The new name must be distinguishable and contain the words "Emited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
he new name must be distinguishable and contain the words "Elmited 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)
Inter new mailing address, if applicable:
Mailing address MAY BE A POST OFFICE BOX)
3. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new register</u> gent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, Florida , Florida Zip Code
.j
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 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
			□Add
			□Remove
			□Change
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an effecti lote: If t	date, if other than the date is listed, the date in he date inserted in this is effective date on the	ust be specific and block does not r	f cannot be price of the cannot be price of the application.	or to date of filing of icable statutory f	or more than 90 day	(optional) s after filing.) Pursua s, this date will no	nt to 605.0207 (t be listed as t
record sp d is filed.	ecifies a delayed effect	ive date, but not	an effective	time, at 12:01 a.	m. on the earlier	of: (b) The 90th o	day after the
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Dated	Sept. 2	<u> </u>		<u> </u>			
				//			
		Signature of a	member or aut	horized representa	tive of a member		

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Filing Fee: \$25.00