## 122000001085

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(Address)	
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## **COVER LETTER**

TO: Registration Se Division of Cor		
Ameer Sing		
SUBJECT:		aited Liability Company
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.
Please return all correspo	ondence concerning this matter	to the following:
	Ameer Singh	
		Name of Person
		Firm/Company
	11750 NW 18th CT	
		Address
	Plantation FL 33323	
		City/State and Zip Code
	Miriansandin	to be used for future annual report notification)
For further information c	oncerning this matter, please c	·
Ameer Singh		954 495-1581
Name o	f Person	Area Code Daytime Telephone Number
Enclosed is a check for the	he following amount:	
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Section
Division of C		Division of Corporations
P.O. Box 632	27	The Centre of Tallahassee
Tallahassee, i	FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMEER SINGH LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Comp.  Florida document number 1.22000001085	pany were filed on 12/22/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
SUSTAINABLE HORIZONS SOLUTIONS LLC		
The new name must be distinguishable and contain the words "Limited	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 ADDRES.	<u> </u>	
		70.
Enter new mailing address, if applicable:		<u> မ - </u>
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
		<del></del>
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter the</u>	- ·
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Emer viorida sireet adaress	
	Floric	
	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 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
			Remove
			□Change
			□Add
			□Remove
	%1 P		□Change
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E. Effective date, if other (If an effective date is listed, Note: If the date inserte document's effective date	at in this nines does a	Of HIGGE HIS BINDING OF	date of filing or more th le statutory filing req	(optional) an 90 days after filing.) Pur nirements, this date will	suant to 605.0207 not be listed as
f the record specifies a delayer cord is filed.	ed effective date, but	not an effective tim	e, at 12:01 a.m. on th	e earlier of: (b) The 9	0th day after th
_ SEPTEMBER STH	,	2023			
Dated	) ^	_ ·	•		
Thi on a	Lino K		zed representative of		

Filing Fee: \$25.00