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COVER LETTER

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eun iner.	HORIZON	AT CASA VERDE, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	n all correspo	endence concerning this matter	to the following:	
		Michael P. McNally, Esq.		
			Name of Person	
		RENNERT VOGEL MAN	IDLER & RODRIGUEZ, P.A.	
			Firm/Company	
		100 SE 2nd Street, 29th Fl	oor	
			Address	 _
		Miami, FL 33131		
			City/State and Zip Code	
		mmcnally@rvmrlaw.com		
			to be used for future annual report no	tification)
For further i	nformation c	oncerning this matter, please c	all:	
Michael P.	McNally		305 423-3431 at ()	
	Name o	f Person		ne Telephone Number
Enclosed is	a check for th	ne following amount:		
□ \$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	illing Addres gistration S		Street Address: Registration Sc	ection
Di	vision of C	orporations	Division of Co	rporations
	D. Box 632		The Centre of	
1.31	llahassee, I	CD 34314	2413 Ν. ΙΜΟΠΓΟ	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED 2022 NOV -3 AH 10: 40

HORIZON AT CASA VERDE, LLC

TALEMIAS SEF. FL (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	ty Company w	ere filed on February 18, 2022	and assigned
Florida document number L22000066713	·		
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the l	<u>limited liabili</u>	ty company here:	
N/A			
The new name must be distinguishable and contain the words "	Limited Liability	Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	:	No Change	
(Principal office address MUST BE A STREET AD	ODRESS)		
Enter new mailing address, if applicable:		No Change	
(Mailing address MAY BE A POST OFFICE BOX)	2		
B. If amending the registered agent and/or registered agent and/or the new registered office address her		dress on our records, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent: No	Change		
New Registered Office Address:			
New Registered Office Address.		Enter Florida street address	
		Florida	
_		City , Pith itta	Zip Code
New Registered Agent's Signature, if changing Regist	lered Agent:		
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this change	nd complete po d agent as pro tered office ac	erformance of my duties, and I a ovided for in Chapter 605, F.S. (m familiar with and Or, if this document is

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
AMBR	David Marom	53 Broadway	≅Add
		Brooklyn, NY 11249	□Remove
			□Change
AMBR	Michael Wittow	53 Broadway	■Add
		Brooklyn, NY 11249	□Remove
			Change
			□Add
			□Remove
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n eff	ive date, if other than the date of filing:(optional) ective 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 605.020
<u>ote:</u>	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
cum	ent's effective date on the Department of State's records.
ecor	d 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
	.ed.
IS II.	November 3rd \(\) 2022
	, 202
is fi	
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00