

7/3/24, 4:12 PM

Division of Corporations

H24000228775 3

L22000190782

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000228775 3))



H240002287753ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383
From: Account Name : ZENBUSINESS INC.
Account Number : 120230000190
Phone : (844)449-3624
Fax Number : (512)597-0678

RECEIVED
TALLAHASSEE, FLORIDA
2024 JUL -8 AM 4:01
FILED

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HORRID REALITY LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED
2024 JUL -8 AM 9:55
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

K. SALY
JUL - 9 2024

1124000228775 3

COVER LETTER

H24000228775 3

TO: Registration Section
Division of Corporations

SUBJECT: Horrid Reality 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:

Diego Cruz
Name of Person
ZenBusiness INC
Firm/Company
336 E. College Ave Suite 301
Address
Tallahassee, FL 32301
City/State and Zip Code
fulfillment@zenbusiness.com
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

c/o ZenBusiness INC
844 493-6249
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)

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

StreetAddress:
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

H24000228775 3

Horrid Realty LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

2024 JUL -8 AM 4:07 FILED TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on L22000190782 and assigned Florida document number 2022-04-21

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.L.C."

Enter new principal offices address, if applicable:

4513 SW 8th Ct Apt 118 CAPE CORAL, FL 33914

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

4513 SW 8th Ct Apt 118 CAPE CORAL, FL 33914

(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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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 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>
AMBR	Daniel R Barker	4513 SW 5th Ct Apt 118 Cape Coral, FL 33914	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2024 JUL 8 AM 4:02
 STATE OF FLORIDA
 TALLAHASSEE, FLORIDA

FILED

