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(Requestor's Name)
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TQ:

Registration Section Division of Corporations

Tallahassee, FL 32314

ONGUAR	D SECURITY SERVICES LLC	C			
SUBJECT:	Name of Lim	ited Liability Company			
	f Amendment and fee(s) are sub	-			
Please return all corresp	ondence concerning this matter	to the following:			
	Jorge L. Gallardo				
		Name of Person		26	01V
	ONGUARD SECURITY S	SERVICES LLC		2022 SEP	JISIV 3 : F
		Firm/Company			보건 유로뉴
	3180 SW 118th Ave.			-6 F	2027 2047 10 ED
		Address		7 7 7	V30.
	Miami, FL 33175			PH 12: 07	21012 715
		City/State and Zip Code			
	GallardoRealtyLLC@gmail				
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report notif	ication)		
	concerning this matter, picase c				
Jorge L. Gallardo		786 229-7746 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)	S60,00 Filing Certificate of Certified Cop (additional copy	Status &	
	Section Corporations	Street Address: Registration Sec Division of Cor	porations		
P.O. Box 63	<i>21</i>	The Centre of T	anahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ONGUARD SECURITY SERVICES LLC		
(<u>Name of the Limited Liabil</u> (A Florid	lty Company as it now appears on our record la Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability O	Company were filed on 06/23/2022	and assigned
Florida document number L22000286011	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
New Horizon Asset Management LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		022 S
(Principal office address MUST BE A STREET ADD	RESS)	四 第6
		<u> </u>
		
Enter new mailing address, if applicable:		PHI2:
(Mailing address MAY BE A POST OFFICE BOX)		0.7
B. If amending the registered agent and/or registere	ed affice address on our records, enter	the name of the new registers
agent and/or the new registered office address here:		the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
<u>-</u> <u></u>	Enter Florida street addres	rs -
		orida
	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
			□Add
			□Remove
			Change
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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(If an ef Note:	tive date, if other than the date of filing:	
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	er the
ecord is f	iled.	
Dated	August 31 . 2022.	
	l Parla	
	Signature of a member or authorized representative of a member	
	Jorge Luis Gallardo	

Typed or printed name of signee