

Florida Department of State
Division of Corporations
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L22000403292

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : REZLEGAL, LLC
Account Number : 120140000033
Phone : (904) 685-9321
Fax Number : (904) 567-1066

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

Email Address: albisong05@yahoo.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HORIZON MEDICAL CLINIC, LLC**

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FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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OCT 15 2024
K. Brumble

COVER LETTER

H24000344957 3

**TO: Registration Section
 Division of Corporations**

SUBJECT: Horizon Medical Clinic, 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:

Mary Kate Mahoney

Name of Person

RezLegal, LLC

Firm/Company

816 A1A North, Suite 204

Address

Ponte Vedra Beach, FL 32082

City/State and Zip Code

albisong05@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Kate Mahoney

904

638-1085

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)

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite S10
Tallahassee, FL 32303

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

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Horizon Medical Clinic, LLC

(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 September 15, 2022 and assigned
Florida document number L22000403292.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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

City

Florida

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

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MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	MANCHO, KASAMA A	11142 TAEDA DR.	<input type="checkbox"/> Add
		ORLANDO, FL 32832	<input checked="" 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
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Filing Fee: \$25.00