L23000775634

(Requestor's Name)	
(Address)	-
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	5
Special Instructions to Filing Officer:	

Office Use Only



000429182760

05/06/24--01024--021 ++25.00

M

COVER LETTER

TO:		stration Sect sion of Corpo				
CHD IE7		On The Hori:	zon Holdings, LLC			
SUBJEC	uli <u>.</u>	· -·	Name of Limite	ed Liability Company		
The encl	oseđ	Articles of A	mendment and fee(s) are subm	nitted for filing.		
Please re	turn :	all correspond	dence concerning this matter to	o the following:		
			Dominique Richards			
				Name of Person		
			On The Horizon Holdings, I	LLC		
				Firm/Company		
			4525 W Swann Ave			
				Address		
			Tampa, FL 33609			
			derichards316@gmail.com	City/State and Zip Code		
			E-mail address: (to	be used for future annual report notific	ation)	
For furth	er int	ormation cor	ocerning this matter, please cal	1:		
Domini	que R	ichards		424 343 - 6902 at () Area Code Daytime T		
		Name of F	Person	Area Code Daytime T	elephone Number	;
Enclosed	is a	check for the	following amount:			
≡ \$2 5.	.00 Fi	ling 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 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

On The Horizon Holdings, LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records. imited Liability Company))
The Articles of Organization for this Limited Liability Co.	mpany were filed on	and assigned
lorida document number 1.23000225634		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limite	ed liability company here:	
he new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	<u></u>	
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	<u> </u>	
B. If amending the registered agent and/or registered gent and/or the new registered office address here:	office address on our records, enter t	he name of the new registe
gent and/or the new registered office address here.		-
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		wida (
	, Floi	rida Sip 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
MGR	Connery Nichols	1211 Dalzie Dr. Valrico, FL 33594	= Add
			□Remove
			□Change
AP	Dominique Richards	18212 Leafmore St Lutz, FL 33548	☐ Add ☐ Remove ☐ Change ☐ Add ☐ Remove
			□Remove
			■ Change
	,		□Add
			Петоve
		- -	☐ Change
			□Add ,
			□Remove
			□ Change
			□ Add
			□Remove
			Change
			□ Add
			□ Remove
			Change

							 -	<u> </u>			
_				<u> </u>							
_							<u></u>				
									<u> </u>		
								1-4			
											
					-						
								_	<u> </u>		
				<u></u>							
ffective	date, if other t	han the dat	e of filing	:				(optio	nal)		1
ote: If	date, if other to ive date is listed, the the date inserted t's effective date	in this block	does not m	ect the ap	plicable sta	of filing or natutory filin	nore than 90 ig requiren	days after nents, this	tiling.) Pur date will	suant to 605 not be liste	.020' ed as
record s I is filed	pecifies a delayed	d effective da	te, but not	an effecti	ve time, at	12:01 a.m.	on the ear	lier of: (b)	The 901	h day after	r the
. A	pril 17			2024							
ated		//.		1//							
	1 Xm	Mar	1 21	UC.							
	Jan	Sign	nature of a n	nember or a	uthorized re	presentative	of a memb	er			

Filing Fee: \$25.00