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SECRETARY CLESTATE

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations				
subject: F	Horizon Luxuy Name of Lim	Homes LLC			
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	<u>.</u>	_			
	Charles f	Name of Person			
		Name of Person			
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		Firm/Company		ALL ORE	** * *
	lo Combul	am 701		2023 DEC 27 PH 1:49 SECRETARY OF STATE TALL ARESES ATE	
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For further information c	oncerning this matter, please c				
Quain	Gonzalez	at (239) 52	9-7543		
Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for the	ne following amount:				
\$25.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filir	_	
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certified C	of Status & opy py is enclosed)	
Mailing Addres		Street Address:	. 1		
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P.O. Box 632		The Centre of	-		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Horizon Lu	xyry Homes LLC
(<u>Name of the Limited Lial</u> (A Floi	bigay Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L230003477</u>	y Company were filed on $07/24/2023$ and assigned 60 .
This amendment is submitted to amend the following	;
A. If amending name, enter the new name of the li	imited liability company here:
The new name must be distinguishable and contain the words "I	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 AD.	DRESS)
Enter new mailing address, if applicable:	SECIE TAL
(Mailing address MAY BE A POST OFFICE BOX)	1 m
B. If amending the registered agent and/or registe agent and/or the new registered office address here	ered office address on our records, enter the name of the new registers
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 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>	Name	<u>Address</u>	Type of Action
AMBR	Juan Villar	15041 SW 168th Tell Miam, Fl 33187	XAdd
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cument's effective date	e on the Department (of State's records.			
ecord specifies a delay	ed effective date, but	not an effective time	e, at 12:01 a.m. on t	he earlier of: (b) The	90th day after th
is filed.					
ited <u>December</u>	20th	2023			
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	Signature d	a member or authori	zed representative of a	member	
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