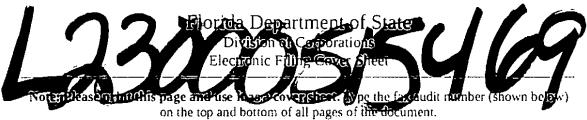
Division of Corporations



(((H230004020513)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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



mail Address:	<u></u>

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN J.W.MCCLURE & ASSOCIATES LLC

Certificate of Status	0
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Help

T. LEMIEUX NOV 27 2023 11/21/2023 13:29:07 RST

To: 18506176383

Page: 2/4

Fax: 8134365206

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J.W.McClure & Associates LLC		
(<u>Name of the Limited Liahi</u> (A Flori	llity Company as it now appears on our records.) da Limited Liability Company)	
(-11-1-1		
The Articles of Organization for this Limited Liability	Company were filed on 11/14/23	and assigned
Florida document number L23000515469		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	nited liability company here:	
Horizon B50 LLC		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
	(DECC)	
(Principal office address MUST BE A STREET ADD	PRESS)	-
	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register	ed office address on our records, enter the nar	
agent and/or the new registered office address here:	:	-+ ;
Name of New Registered Agent:		-
New Profession Address		7
New Registered Office Address:	Enter Florida street address	
		25
	, Florida	Zip Coxle
	City·	Zip Cixle

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.

11/21/2023 13:29.07 PST

To: 18506176383

Page: 3/4

From: Registered Agents Inc.

Fax: 8134365206

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	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□ Add
			Пепюче
			□Change
			□Add
			□Rcmove
			☐ Change
			□ Add
			□Remove
			□ Change

		
		
		
		
ffective date, if other than the an effective date is listed, the date must ote: If the date inserted in this bloocument's effective date on the De	ick does not meet the applicable sta-	(optional) of filing or more than 90 days after filing.) Pursuant to 605.0207 auttory filing requirements, this date will not be listed as
record specifies a delayed effective is filed.	date, but not an effective time, at 1	12:01 a.m. on the earlier of: (b) The 90th day after the
	2023	
ated November 21	·	
	NW 80	order the
		presentative of a member