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COVER LETTER

Registration Section

TO:

Division of Cor	porations		
R&D Horic			
SUBJECT:	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:	
	Randi Horton		
		Name of Person	
		Firm/Company	
	40 Greenhaven Ct		
		Address	
	Oldsmar, FL 34677		
	rthayer31@yahoo.com	City/State and Zip Code	
		to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Randi Horton		617 512-1677 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration 9 Division of C	Section	Street Address: Registration Se Division of Co	
P.O. Box 632	27	The Centre of	Γallahassee
Tallahassee, l	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

R&D Horton LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor	mpany were filed on January 29, 2024	and assigned
Florida document number 1.24000053462		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	<u></u>	
		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
maining universe. Mill DE / 1 OST OF THEE BOTH		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter the n</u>	ame of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	Circ	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

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	Randi Horton	40 Greenhaven Ct	□Add
		Oldsmar, FL 34677	□Remove
		· · · · · · · · · · · · · · · · · · ·	■ Change
MGR	Douglas Horton	40 Greenhaven Ct	□Add
		Oldsmar. FL 34677	□Remove
			■Change
			□Add
			□Remove
			[] Change
			DAdd
			Remove
			☐Change
			□Add
			□Remove
			[]Change
		<u>.</u>	\ _ _ _ _ _ _
			□Remove
			□Change

	
	
Effective date, if other than the date of filing:	(optional) annot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3
Note: If the date inserted in this block does not me	eet the applicable statutory filing requirements, this date will not be listed as the
document's effective date on the Department of Sta	ate's records.
the record specifies a delayed effective date, but not a cord is filed.	n effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is fied.	
February 5	2024
Dated	
May 1 1	1/12/2-
Signature of a me	ember or authorized representative of a member
Randi E Horton T	

Filing Fee: \$25.00