## L2400008305Z

(Re	equestor's Name)	
(Ac	ldress)	
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PiCK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: Registration Se Division of Cor			
	DECOR LLC		
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:	
	ANDRE LUIZ CABRAL	DE AMORIM	
		Name of Person	
	HORIZON DECOR LLC		
		Firm/Company	<del></del>
	17582 LAKE STAR RD		
		Address	<del></del>
	WINTER GARDEN, FL 3	4787	
	<del></del> -	City/State and Zip Code	<del> </del>
	CONTATO@BT7PARTNI		
	E-mail address: (	to be used for future annual report noti	ification)
For further information of	concerning this matter, please c	all:	
LUIS GONCALVES		407 371-5600 at ()	
Name o	of Person	Area Code Daytim	ne Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration Se	etion
Division of C		Division of Cor	
P.O. Box 632	27	The Centre of T	Tallahassec
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HORIZON DECOR LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our reco- liability Company)	rds.)
The Articles of Organization for this Limited Liability Company Florida document number L24000083052	were filed on <u>02/15/2024</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		7
(Principal office address MUST BE A STREET ADDRESS)		TA ST. 182
		<u> </u>
Enter new mailing address, if applicable:		<u>,,, φ</u>
(Mailing address MAY BE A POST OFFICE BOX)	·	- 10: 里 - 13: 里
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		32
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ente</u>	r the name of the new register
Name of New Registered Agent:		
Navy Basistanad Office Address		
New Registered Office Address:	Enter Florida street addr	ess
	. <b>I</b>	Torida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agra provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, provided for in Chapter 605	and I am familiar with and F.S. Or, if this document is
If Char	nging 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>	<u>Address</u>	Type of Action
MGR	FARINA BRITEZ, LIS ROCIO	17582 LAKE STAR RD	
		WINTER GARDEN, FL 34787	■Remove
		<del> </del>	□Change
MGR FARINA BRITEZ, LIZ ROCIO	FARINA BRITEZ, LIZ ROCIO	17582 LAKE STAR RD	■Add
		WINTER GARDEN, FL 34787	□Remove
			□ Change
		·	□Add
		<del> </del>	□ Remove
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ffecti	ve date, if other than the date of filing:
ote:	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a material and the Department of State's records.
record is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	OCTOBER/29ib, // 2024
ated	Austria .
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	XIMOM

Filing Fee: \$25.00

Typed or printed name of signee