

L24000098630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2024 SEP 24 AM 1:07  
TALLAHASSEE, FL

SEP 24 2024

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Horizon Pipe LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tyler Clark

\_\_\_\_\_  
Name of Person

Horizon Pipe LLC

\_\_\_\_\_  
Firm/Company

4598 County Rd 209 S Suite 1

\_\_\_\_\_  
Address

Green Cove Springs, FL 32043

\_\_\_\_\_  
City/State and Zip Code

telark@horizonpipe.com

\_\_\_\_\_  
E-mail address, (to be used for future annual report notification)

For further information concerning this matter, please call:

Tyler Clark

904

955-6110

at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

**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**

Horizon Pipe LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/26/2024

Florida document number L24000098630

2024 SEP 24 AM 1:07  
and assigned  
TALLAHASSEE, FL

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

4598 County Rd 209 S Suite 1

(Principal office address MUST BE A STREET ADDRESS)

Green Cove Springs, FL 32043

Enter new mailing address, if applicable:

4598 County Rd 209 S Suite 1

(Mailing address MAY BE A POST OFFICE BOX)

Green Cove Springs, FL 32043

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Tyler Clark

New Registered Office Address:

4598 County Rd 209 S Suite 1

*Enter Florida street address*

Green Cove Springs

Florida 32043

*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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Brayden Weaver	1540 Peters Creek Rd.	<input checked="" type="checkbox"/> Add
		Green Cove Springs, FL 32043	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	William E. Schaefer II	1935 Silo Oaks Place	<input checked="" type="checkbox"/> Add
		Middleburg, FL 32068	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective 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 605.0207 (3)(b)

If the record 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 record is filed.

2024

Signature of a member or authorized representative of a member

Tyler Clark

Typed or printed name of signee

**Filing Fee: \$25.00**