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SECRETARY OF STATES OF STATES OF SORPORATIONS

JUN 0 6 2017 C McNAIR

COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: GNEW HOIZIZON AA. OR E E-mail address: (to be used for future annual report notification For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$43.75 Filing Fee & Filing Fee □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy is enclosed) Enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to

Art	icles of Incorporation of	n o	
NEW HORIZE	w 1961	Conp	JUN 1
(Name of Corporation as cur	rently filed with the	Florida Dept. of State)	
N/	5000000	2526	
	umber of Corporation		.
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this <i>Florida No</i>	ot For Profit Corporation adop	ots the following
A. If amending name, enter the new name of the corpo	oration:		
n) M			The new
name must be distinguishable and contain the word "corp	oration" or "incorpo	rated" or the abbreviation "C	orp." or "Inc."
"Company" or "Co." may not be used in the name.			
B. Enter new principal office address, if applicable:	<i>N</i>	[A	
(Principal office address <u>MUST BE A STREET ADDRE</u>	<u>(SS</u>)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N	A	
(Musing success MAT DE AT OST OFFICE BOX)		·····	
		<u> </u>	
D. If amending the registered agent and/or registered	office address in Flo	rida, enter the name of the	
new registered agent and/or the new registered offi			
Name of New Registered Agent:	N	A	
	,		
		(Florida street address)	
New Registered Office Address:			
	(0): 1	, Florida, Zip Cod	1)
	(City)	(Zip Cod	le)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am		ecent the abligations of the nos	ition
Thereby accept the appointment as registered agent. Ta	n jaminar wiin ana ac	cept the obligations of the pos	mon.
		NA	
	Signature of New R	Registered Agent, if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X.Change X.Remove X. Add	PT John D V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	<u></u>	BRUPIER, TONY	10 Box 660117 MINNI PZ 33266-071.
Remove 2) Change Add Remove	<u></u>	Beek, KAREN	10 Box 660114 MINMI, FZ 33266-0717
Remove 3) Change	7	PEREZ, ZAUL	10 BOX 660717 MINAI 12 85266-0717
Remove 4) Change Add	27	OZIEGA, MARIA	Po Box 660917 14. Azu FZ 3360-0717
Remove 5) Change Add	T		70 BEX 660717 14,001, 5233260-071
Remove 6) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			

		, enter change(s) here e specific)		
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Page 3 of 4

The	e date of each amendment(s) adoption: (3-25-) 5-25-2017, if other than the
	e this document was signed. Sective date if applicable: 3-25-2017
	(no more than 90 days after amendment file date)
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cument's effective date on the Department of State's records.
Ado	option of Amendment(s) (<u>CHECK ONE</u>)
Ø	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
	Dated 3-29-2017
	Signature
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	RAUL PEREZ
	(Typed or printed name of person signing)
	(Title of person signing)