

P12000103097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

689,780

Office Use Only



200324613842

03/12/19--01018--004 **10.00

02/20/19--01012--015 **25.00

TALLAHASSEE, FLORIDA

19 MAR 11 PM 12:28

FILED

MAR 12 2019

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 25, 2019

Yael Shany
THE HOROVITZ INVESTMENT GROUP INC.
9541 NW 42ND STREET
SUNRISE, FL 33351

SUBJECT: THE HOROVITZ INVESTMENT GROUP INC.
Ref. Number: P12000103097

We have received your document for THE HOROVITZ INVESTMENT GROUP INC. and check(s) totaling \$25.00. However, the document has not been filed and is being returned for the following reason(s):

There is a balance due of \$10.00. Please return a copy of this letter to ensure your money is properly credited.

Amendments for Florida profit corporations are filed in compliance with section 607.1006, Florida Statutes. Please see the enclosed information.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 119A00003892

RECEIVED

2019 MAR 11 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: THE HOROVITZ INVESTMENT GROUP, INC

DOCUMENT NUMBER: P 12000103097

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Yael Shany VP
Name of Contact Person

THE HOROVITZ INVESTMENT GROUP, LLC
Firm/ Company

9541 NW 42ND ST. SUNRISE, FLORIDA 33351
Address

SUNRISE FL 33351
City/ State and Zip Code

shalom1946@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yael Shany at (754) 244-4296
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|---|--|---|--|

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

THE HOROVITZ INVESTMENT GROUP INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P12000103097

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address: _____, Florida

(City)

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New 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 PT John Doe
X Remove V Mike Jones
X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u>X</u> Change <u> </u> Add <u>X</u> Remove	<u>D</u>	<u>Tal Horowitz</u>	<u>3432 NW 86th Way #202</u> <u>Sunrise, FL 33351</u>
2) <u>X</u> Change <u> </u> Add <u>X</u> Remove	<u>D</u>	<u>Jessica Nelson</u>	<u>3432 NW 86th Way #202</u> <u>Sunrise, FL 33351</u> <u>3432 NW 86th Way #2</u> <u>Sunrise, FL 33351</u>
3) <u>X</u> Change <u> </u> Add <u>X</u> Remove	<u>D</u>	<u>Jared Gordon</u>	<u>Sunrise, FL 33351</u>
4) <u>X</u> Change <u>X</u> Add <u> </u> Remove	<u>D</u> <u>DTR</u>	<u>Shay Horowitz</u>	<u>4541 NW 42nd St</u> <u>Sunrise, FL 33351</u>
5) <u> </u> Change <u> </u> Add <u> </u> Remove	<u> </u>	<u> </u>	<u> </u>
6) <u> </u> Change <u> </u> Add <u> </u> Remove	<u> </u>	<u> </u>	<u> </u>

(Attach additional sheets, if necessary). (Be specific)

[illegible]

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: 2/25/19
date this document was signed.

if other than

Effective date if applicable: _____

(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.

Adoption of Amendment(s)

(CHECK ONE)

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s)

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____

(voting group)

☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 2/25/19

Signature Yael Shamir

Signature of a member

(By a director, president or other officer

selected, by an incorporator -- if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

(Typed or printed name of person signing)

Yael Shamir PHD V