P15000065375

(Re	equestor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: HORIZON ENTERPRIZE, INC.
DOCUMENT NUMBER: <u>4/5000065375</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
DEXTER J. HAMICTON
Name of Contact Person
Eima/Commons
Firm/ Company
10350 NW 42 ND DR Address
Address CORAL SPAZNOS J-6 33065 City/ State and Zip Code
City/ State and Zip Code
HOPIZON ENTERPRIZETING @ GMAIL. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
DEXTER HONZETON at 954 300-1078 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:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address

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

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

Articles of Amendment

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HORIZON CNICRT	PAIZE, INE	•			10
(Name of Corp	oration as currently fi	led with the Florida De	ept. of State)	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>
HORIZON ENTER? (Name of Corp.) P150000 65375					10
n)	Document Number of Co	rporation (if known)	•	1	•
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	Florida Statutes, this <i>Flo</i>	rida Profit Corporation	adopts the follow	ving amer	ndment(s) t
A. If amending name, enter the new name of	the corporation:				
				The	n <i>o</i> w
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation ' word "chartered," "professional association," o	"Corp," "Inc," or "Co	". A professional corpo			
3. Enter new principal office address, if appl Principal office address <u>MUST BE A STREE</u>					
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	' <u>E BOX</u>) .				
). If amending the registered agent and/or renew registered agent and/or the new registered agent and/or renew registered agent and/or the new registered agent agent and/or the new registered agent ag		in Florida, enter the n	ame of the		
Name of New Registered Agent			· · · · · · · · · · · · · · · · · · ·		
·	201 +1				
	(Florida street d	address)			
New Registered Office Address:			. Florida		
	(Ci	 ty)		Zip Code)	
New Registered Agent's Signature, if changin Thereby accept the appointment as registered ag		and accept the obligati	ons of the positio	n.	

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 <math>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	Y	Mike Jones	i			
X Add	SY	Sally Smith	1			
Type of Action (Check One)	<u>Title</u>	N	ame	,	Address	
1) Change	<u>V</u>	4	NACTUR	6. HAMELTON	2601 NW 48++ Ten #343 LAUDENDALE CAKES FI	
Add					#343	
Remove					LAUDENDALE CAKES FI	3 <i>13</i>
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5) Change						
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6) Change						
Add						
Remove						

Attach additional sheets, if necessary). (Be specific) Company's ASSIGNED ELW 47-4734645 If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	45
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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 document's effective date on the Department of State's records.	not be listed as the
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	
Signature	
(By a director, president or other officer – if directors or officers have not been	
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)	
(Typed or printed name of person signing)	
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(Title of person signing)	
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