## P22000065008

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	HORIZON DIVER	RSIFIED GROUP, INC	
DOCUMENT NUMBER:	P22000065008		
The enclosed Articles of Amend	ment and fee are su	bmitted for filing.	
Please return all correspondence	concerning this ma	tter to the following:	
·	_	·	
		CRISTINO L PEREZ	
		Name of Contact Pe	
	НО	RIZON DIVERSIFIED	GROUP, INC
		Firm/ Company	a am
		3315 W CARACA	S S 1
		Address	24.14
		TAMPA, FL 3.	
		City/ State and Zip C	Loue
		CRISPEREZ7721@GM	
E-ma	il address: (to be us	sed for future annual rep	port notification)
For further information concerni	ng this matter, pleas	se call:	
CRISTINO L PEREZ		at ( 813	384-0157
Name of Contact	Person		Code & Daytime Telephone Number
Enclosed is a check for the follo	wing amount made	payable to the Florida D	Department of State:
•	3.75 Filing Fee & rtificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	& \$\sumsymbol{\sumsymbol{2}}\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303	

## Articles of Amendment to Articles of Incorporation of

HORIZON DIVERSIFIED GROUP, INC.

(Name of Corporation	n as currently filed with the Florida Dept. of S	State)
ī	P20000065008	77.7 200 200
(Dœume	ent Number of Corporation (if known)	DEC
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts	the following amendmer
A. If amending name, enter the new name of the cor	porațion:	· ∃≇. ⇔
N/A		Th. 5
name must be distinguishable and contain the word "corp" "Inc.," or Co.," or the designation "Corp," "Inc." "chartered," "professional association," or the abbrevi	or "Co". A professional corporation name	e abbreviation "Corp.," must contain the word
B. Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDR</u>	<u>RESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	O N/A	
If amending the registered agent and/or registered new registered agent and/or the new registered of		the the
N/A		
Name of New Registered Agent NA		
<del> </del>	(Florida street address)	<del></del>
		.,
New Registered Office Address:	, Flor	(Zip Code)
New Registered Agent's Signature, if changing Regis  Thereby accept the appointment as registered agent. I describe the appointment of the second sec		he position.
Signati	ure oj ivew kegisterea Agent, ij changing	
Check if applicable		

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	DAMIEN CARAPELLA	9867 MONTAGUE ST
Add			TAMPA, FL 33626
X Remove			
2) Change	PST	CRISTINO L PEREZ	3315 W CARACAS ST
X Add			TAMPA, FL 33614
Remove 3) Change	<del></del>		
Add			
Remove			<del></del>
4) Change			
Add			<del></del>
Remove			
5) Change			
Add			
Remove			
6) Change			<del></del>
Add			
Remove			

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
/A	
-	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nament if not contained in the amenament itsen:
(3	
(A	
'A	
/A	

• • • •

	DECEMBER 18, 2022	
The date of each amendmen		, if other than the
date this document was signed	j.	
	DECEMBER 19, 2022	
Effective date <u>if applicable</u> :	( )	
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we action was not required.	ere adopted by the incorporators, or board of directors without shareholder	action and shareholder
	ere adopted by the shareholders. The number of votes cast for the amendate vere sufficient for approval.	nent(s)
	re approved by the shareholders through voting groups. The following stated for each voting group entitled to vote separately on the amendment(s):	
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	,,	
-7	(voting group)	
	CEMBER 18, 2022	
Dated	12	
	Triblud Derg	
Signature		<del></del>
(F	By a director, president or other officer - if directors or officers have not b	een
	elected, by an incorporator – if in the hands of a receiver, trustee, or other	court
a	ppointed fiduciary by that fiduciary)	
	CRISTINO L PEREZ	
	(Typed or printed name of person signing)	
	TREASURER	
	MENDONEN	

(Title of person signing)