P23000015403

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S. PRATHER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: HORIZONE ENTE	ERTAINMENT CORP			
DOCUMENT N	UMBER:				
The enclosed Art	icles of Amendment and fee are su	bmitted for filing.			
Please return all o	correspondence concerning this ma	tter to the following:			
	ALEXANDER ROO				
	Name of Contact Person				
	HORIZONE ENTERTAINMENT CORP				
	Firm/ Company				
	10893 NW 17th ST UNIT123	7			
	 	Address			
	MIAMI, FLORIDA 33172				
	 	City/ State and Zip Code	2		
	alexroo1970@gmail.com				
	-	sed for future annual report	notification)		
For further inform	nation concerning this matter, pleas	se call: 786	_) 4037211		
N	ame of Contact Person		de & Daytime Telephone Number		
Enclosed is a che	ck for the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fo	ee	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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		Ameno Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810		

Tallahassee, FL 32303

	Amendment	} -	շրջ
	to ncorporation	-	2024 JUN: 12
	of	· ·	
HORIZONE ENTERTAINMENT CORP		111-	2
· · · · · · · · · · · · · · · · · · ·	ttly filed with the Florida Dept. of State)	- 	fu t
P23000015403		Ç) .	!
(Document Number	of Corporation (if known)		ر ت
Pursuant to the provisions of section 607.1006, Florida Statutes, the ts Articles of Incorporation:	is Florida Profit Corporation adopts the follow	ving amen	dment(s)
A. If amending name, enter the new name of the corporation:			
HORIZON ENTERTAINMENT CORP		The	
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A	A professional corporation name must con		
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)	N/A		
			_
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office addre			
Name of New Registered Agent N/A			
(Florida	street address)		
(Florida New Registered Office Address:	street address), Florida		

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)

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	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	CURBELO, BERNARDINO	8238 NW 46TH ST
Add X			DORAL, FL 33166
A Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
_			
Add			
Remove			

E. If amending or adding additional Art (Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
N/A	
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. If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
//A	
·	

. .

N/A	i e e e e e e e e e e e e e e e e e e e	
The date of each amendment(s) adoption:		, if other than the
date this document was signed.		
(15/28/2024		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does no document's effective date on the Department of S	t meet the applicable statutory filing requirements, this State's records.	date will not be listed as the
Adoption of Amendment(s) (CHE	ECK ONE)	
The amendment(s) was/were adopted by the in action was not required.	ncorporators, or board of directors without shareholder as	ction and shareholder
☐ The amendment(s) was/were adopted by the siby the shareholders was/were sufficient for approximately the shareholders was/were sufficient for approximately the shareholders.	hareholders. The number of votes cast for the amendment	nt(s)
• • • • • • • • • • • • • • • • • • • •	shareholders through voting groups. The following state group entitled to vote separately on the amendment(s):	ement
	dment(s) was/were sufficient for approval	2024 JUH 12
by	· · · · · · · · · · · · · · · · · · ·	· _
(votin	ng group)	JUNE 12 A
		\$;
05/00/2004		F 2
05/28/2024 Dated		
174160		
	1	G ::
Signature		
	dent or other officer – if directors or officers have not bee porator – if in the hands of a receiver, trustee, or other co by that fiduciary)	
ALEXANDE	ER ROO	
(1)	Typed or printed name of person signing)	
PRESIDENT	ſ	
 (1	Fitle of person signing)	