DOC ID ----> 201802501388

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
01/31/2018	201802501388	LIMITED LIABILITY COMPANY - AMENDMENT (LAM)	50.00	0.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

DIANA LYNN THOMAS
1900 POLARIS PARKWAY
#425
COLUMBUS, OH 43240

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jon Husted

1888646

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

OLD HORIZONS ASSET MANAGEMENT, LLC

and, that said business records show the filing and recording of:

Document(s)	Document No(s):
LIMITED LIABILITY COMPANY - AMENDMENT	**201802501388**

Effective Date: 01/25/2018

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 31st day of January, A.D. 2018.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201802501388

Form 543A Prescribed by:

JON HUSTED
Ohio Secretary of State

Toll Free: (877) SOS-FILE (877-767-3453) | Central Ohio: (614) 466-3910
www.OhioSecretaryofState.gov | *busserv@OhioSecretaryofState.gov*
File online or for more information: *www.OHBusinessCentral.com*

For screen readers, follow instructions located at this path.

Domestic Limited Liability Company Certificate of Amendment or Restatement

Filing Fee: $50

Form Must Be Typed

(CHECK ONLY ONE (1) BOX)

(1) Domestic Limited Liability Company

☒ Amendment (129-LAM)

10/09/2009
Date of Formation
(MM/DD/YYYY)

(2) Domestic Limited Liability Company

☐ Restatement (142-LRA)

MM/DD/YYYY
Date of Formation
(MM/DD/YYYY)

The undersigned authorized representative of:

HORIZONS ASSET MANAGEMENT, LLC
Name of Limited Liability Company

1888646
Registration Number

If box (1) Amendment is checked, only complete sections that apply. If box (2) Restatement is checked, all sections below must be completed.

The name of said limited liability company shall be:

Old Horizons Asset Management, LLC

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "ltd." or "ltd"

This limited liability company shall exist for a period of:

Period of Existence

Purpose

Name change for business purposes.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Must be signed by a member, manager or other representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Diana L Thomas
Signature

Managing Member
By (if applicable)

Diana L. Thomas
Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name