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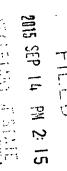
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TO: Registration Security Division of Corp	porations	. - ' &	, sine
SUBJECT: CCC	Affordable (Leuning Services	/ Personal Assistant, LL
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	<u>Carise</u> (Chevelus Name of Person	
		Firm/Company	
	P.O. Y	30X 35601	
	Tamar	ac, f 3337	\
	Carise Cherelus E-mail address: (1	to be used for future annual report no	otification)
For further information co	oncerning this matter, please ca	all:	
CONSC Name o	herelus	at (646) 37- Area Code Dayti	7 - S44 6 ime Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	□ \$60.00 Filing Fee, Certificate of Status &

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

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

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO

FILED

ARTICLES OF ORGANIZATION SEP 14 PM 2: 15

The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>LISON 1146</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member **Type of Action Address** Title **Name** AMBR Conse Cherelus P.O. Box 25601 Tumorac, #233320 ☐ Remove _□ Change □ Add ☐ Remove _□ Change _□ Add □ Remove __ Change □ Add ■ Remove _□ Change _□ Add ☐ Remove __ Change □ Add ☐ Remove

□ Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	
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Effective date, if other than the date of filing:(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursual Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not	nt to 605.0207 (3)(b) t be listed as the
document's effective date on the Department of State's records.	
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the) The 90th day after the record is filed.	earlier of:
Dated Sept. 3 . 2015. Signature of a member or authorized representative of a member	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00