118000103233

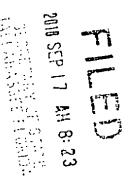
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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Division of Corporations

August 8, 2018

WANDA HURT 5550 HERBORAGE DR FORT MYERS, FL 33908

SUBJECT: MY EMALEE ROCKS LLC

Ref. Number: L18000103233

We have received your document for MY EMALEE ROCKS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LEC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "Ltd.," and "Co."

The document number of the name conflict is P95000031561.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Corporate Records Supervisor

Letter Number: 118A00016377

COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT:	EMalee R	ocks "LC ited Liability Company		
C				
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter t	to the following:		
•	Worda	Name of Person		
		Firm/Company	- 	
	5550	Herbrage P		
	Fort Myer	5. City/State and Zip Code	3908 Mar	7
	Wanda Mh	to be used for future annual report notifi	ication)	T
For further information co	oncerning this matter, please ca	all:	0/07	هر ۱۰۱
Wendanie of	Person	at (<u>739</u>)Daytime	1697 Sir Telephone Number	
Enclosed is a check for th	u fallowing appaunt:			
		Photography C. C.	F 670 00 FT	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
			ED ADDRESS	

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

My Emalee Rocks LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 4/24/2018 Florida document number L180001933233 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Affordable Home Specialists LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." 1030 SE 12th Ave Enter new principal offices address, if applicable: Cape Coral Florida 33990 (Principal office address MUST BE A STREET ADDRESS) 1030 SE 12th Ave Cape Coral Florida 33990 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: 1030 SE 12th Ave New Registered Office Address: Enter Florida street address Cape Coral City 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 = Au	thorized Member	
Title MGP	Kuneth Joseph	Address 3268 Prince Edward Isles CIHY DAdd
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ffect	ive date, if other than the date of filing:
an ef	fective date is listed, the date must be specific and cannot be palor to date of filing or more than 90 days after filing.) Pursuant to 605.0207
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
	tord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
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Page 3 of 3

Filing Fee: \$25.00