





FLORIDA DEPARTMENT OF STATE  
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](http://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 "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.", "LC.," "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

2018 SEP 17 AM 8:23  
FILED

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: My Emalee Rocks LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Wanda Hurt  
Name of Person

\_\_\_\_\_  
Firm/Company

5550 Herbrage Pl  
Address

Fort Myers, FL 33908  
City/State and Zip Code

wandamh@aol.com  
E-mail address: (to be used for future annual report notification)

FILED  
2010 SEP 17 AM 8:23  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE

For further information concerning this matter, please call:

Wanda M Hurt at (239) 209 8697  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$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)

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)

2018 SEP 19 AM 11:29  
FILED

The Articles of Organization for this Limited Liability Company were filed on 4/24/2018 and assigned  
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."

Enter new principal offices address, if applicable:

1030 SE 12th Ave

**(Principal office address MUST BE A STREET ADDRESS)**

Cape Coral Florida 33990

Enter new mailing address, if applicable:

1030 SE 12th Ave Cape Coral Florida 33990

**(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:

1030 SE 12th Ave

*Enter Florida street address*

Cape Coral

*City*

Florida 33990

*Zip Code*

**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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Kenneth Joseph	3268 Prince Edward Isles Ct #4	<input checked="" type="checkbox"/> Add
		Ft Myers, FL 33907	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2010 SEP 1 AM 8:23  
FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Lined area for amending information.

2018 SEP 17 AM 8:23  
FILED

E. Effective date, if other than the date of filing: 7/25/18 (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.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated \_\_\_\_\_

Wanda M. Hart  
Signature of a member or authorized representative of a member

Wanda M. Hart  
Typed or printed name of signee