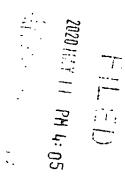
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COVER LETTER

Registration Section

TO:

Division of Corporations			
SUBJECT: AFF	ORDABIE PRAV ILL		
SUBJECT.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MAUR	Name of Person	VAN RIOS AGUIRAE
	DFF	SABMIE PERO LIC	·
		Firm/Company	
	୧୯୫୦୮	STMERY 10 #10	04331
	Scale	City/State and Zip Code	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report not	fication)
For further information c	oncerning this matter, please c	all:	
MNMGO Name o	A QUA f Person	at (\$(3) 553 6 Area Code Daytim	OHY e 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 (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S	Section	Street Address: Registration Sec	
Division of C P.O. Box 632		Division of Cor The Centre of T	-
Tallahassee, I			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

AFFORDABLE PARU	u LLC		
(Name of the Limited Liability Compar (A Florida Limited L	pany as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	y were filed on 12/12/2019 and assigned	d	
Florida document number 119000298750.			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	bility company here:		
The new name must be distinguishable and contain the words "Limited Liability Contains the words "Liability Contains the words "	oility Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	2020 HAY		
(Principal office address MUST BE A STREET ADDRESS)			
	P		
Enter new mailing address, if applicable:	<u></u>		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new reg	<u>istere</u>	
Name of New Registered Agent: JUAN [DAVID RIDS AGUIRRE		
New Registered Office Address:			
Enter Florida street address			
	, Florida		
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete	- ree to act in this capacity. I further agree to comply w		

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.

Jun 1205
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>	Address	Type of Action
			□Add
			□Remove
			□ Change
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<u>Note:</u> I	ve date, if other than the date of filing:
record d is file	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 ed.
Dated _	MM Stu . 2020.
	Market a gove
	1 40 1 C 3 F1 80 1
	Signature of a member or authorized representative of a member