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(Ad	dress)	
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WAR 2 1 2017 J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Affordable CARE A+ Home 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:
ERIC Young Name of Person Affice dealer Charles At Hame
Affordable Care at Home Firm/Company
1125 12th Street Suite F
Vere Beach, Florida 32960 City/State and Zip Code Eric @ Afcares. com
City/State and Zip Code CRCARCS-COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ERIC YOUNS at (772) 925-8560 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Solution} \text{Solution}\$ \$30.00 Filing Fee & Certificate of Status \$\text{Certified Copy}\$ (additional copy is enclosed) \$\text{Certified Copy}\$ (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HtfordAb			Home	<u>L</u> L	
(Name of the Limit	ted Liability Compar (A Florida Limited L	ny as it now appears on a lability Company)	our records.)	0/17	
The Articles of Organization for this Limited L	iahility Company	were filed on	da hust	and ass	igned
Florida document number _ L 15 0000	121526	,, or o mod on	1 4 4 5 = 5		
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liabi	lity company here:			
The new name must be distinguishable and contain the v	vords "Limited Liabili	ty Company," the design	ation "LLC" or the abb	reviation "L.l	L.C."
Enter new principal offices address, if applic	able:			17	<u> 1103 -</u>
(Principal office address MUST BE A STREE	T ADDRESS)			<u> </u>	
					<u> </u>
				2	XIOD
Enter new mailing address, if applicable:				<u> </u>	<u> </u>
(Mailing address MAY BE A POST OFFICE	BOX)			<u> </u>	- 20 -
B. If amending the registered agent and registered agent and/or the new registered of	· ·		records, <u>enter (</u>	the name	of the new
Name of New Registered Agent:	_ ERI	c Youn	g/Afford	lable a	CARE AT HO
New Registered Office Address:	1125	C YOUN 12th Stre Enter Florida st	reet address	re F	-
	Vero	Beach	, Florida	3 29 6 Zip Cade	, 6
New Registered Agent's Signature, if changing 1	Registered Agent:				
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as regi	er and complete p	performance of my d	duties, and I am fa	miliar with	h and

If Changing Registered Agent, Signature of New-Registered Agent

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 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 Pouyan Moabed 1125 12th Street Suite F WAdd Vero Beach FL 32960 _□ Remove ☐ Change □ Add □ Remove ☐ Change □ Add □ Remove ☐ Change □ Remove ☐ Change

□ Add

Remove

Change

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onal) filing.) Pursuant to date will not be	605.0207 (3)(b) listed as the
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5	onal) filing.) Pursuant to s date will not be

Page 3 of 3

Filing Fee: \$25.00