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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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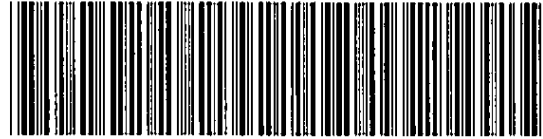
(Business Entity Name)

(Document Number)

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2019 JUN 31 PM 4:03

*Amend*

JUN 18 2019

I ALBRITTON

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Affordable Home Remodeling Co 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:

Robert J Cable  
Name of Person

Affordable Home Remodeling Co LLC  
Firm/Company

9541 Naskstrand Circle  
Address

Port Charlotte FL 33981  
City/State and Zip Code

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

For further information concerning this matter, please call:

Anna M Cable at (207) 321 8499  
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

FILED  
2019 JUN 31 PM 4:03

Affordable Home Remodeling Co 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 10/24/2008 and assigned Florida document number L08000100224.

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 "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 9541 NASTRAND CIRCLE  
(Principal office address MUST BE A STREET ADDRESS) PORT CHARLOTTE, FL  
33981


Enter new mailing address, if applicable: Same as above  
(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: Anna M Cable  
New Registered Office Address: 9541 Nastrand Circle  
Enter Florida street address  
Port Charlotte, Florida 33981  
City 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>
<u>MGR</u>	<u>Robert J Cable</u>	<u>9541 Nastrand Circle</u>	<input checked="" type="checkbox"/> Add
		<u>Port Charlotte FL 33981</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MGR</u>	<u>Anna M Cable</u>	<u>9541 Nastrand Circle</u>	<input checked="" type="checkbox"/> Add
		<u>Port Charlotte, FL 33981</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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

Please remove: 132 N Florida Ave Inverness, FL 34453.  
as we no longer occupy this office location as of 5/31/19.  
Our new address: 9541 Nastrand Circle Port Charlotte, FL 33981

Please update our titles as shown  
① Robert J Cable - Remove CEO - replace with MGR  
② Anna M Cable - Remove COO - replace with MGR  
As we are equal owners of this business effective 3/1/2019

**E. 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.) 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 May 27 2019.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Robert J Cable  
\_\_\_\_\_  
Typed or printed name of signee