L110000007756

(Re	equestor's Name)	
(Ac	idress)	
(Ac	tdress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL .
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	, , , _{(*10}
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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TALLAHASSEF, FLORING

D. BRUCE

FEB 1 4 2011

EXAMINER

COVER LETTER

TO;	Registration S Division of Co			
SUBJE	ECT:	Affordable	Home Realty LLC	
		Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please	return all corresp	ondence concerning this matte	r to the following:	
			Colin Cochrane	
			Name of Person	•
		Affo	rdable Home Realty LLC	
			Firm/Company	*****
			490 Opa Locka Blvd	## ALLIAN
			Address	EB 14 KETAR) KHASSE
		(Opa Locka Fl. 33054	
			City/State and Zip Code	
		Colin@ E-mail address:	affordablehomerealtyllc.com to be used for future annual report notificatio	
For fur	ther information o	concerning this matter, please	•	n) RATE CO
		lin Cochrane		15 ext 246
	Name o	of Person	Area Code & Daytime Tele	ephone Number
Enclose	ed is a check for t	he 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)
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassoe, FL 32301	.s



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 11, 2011

COLIN COCHRANE 490 OPA LOCKA BLVD OPA LOCKA, FL 33054

SUBJECT: AFFORDABLE HOME REALTY LLC

Ref. Number: L11000007756

11 FEB 14 PM 4: 38
SECRETARY OF STATE
FALLAHASSEE, FLORIDA

We have received your document for AFFORDABLE HOME REALTY LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The fee to file your limited liability company document is \$25. Please include an additional \$30 for each certified copy (optional) requested and an additional \$5 for each certificate of status (optional) requested.

There is a balance due of \$7.50.

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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 011A00003632

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A	ffordable Ho	me Realty Lic)		
(Name of the Limite	A Florida Limited	Liability Company)	rs on our records.)		
The Articles of Organization for this Limited 1	Liability Company	were filed on	01/19/2011	and assign	ned
Florida document numberL1100000	7756				
This amendment is submitted to amend the fo	lowing:				
A. If amending name, enter the new name	of the limited liab	oility company her	<u>.6</u> :		
	N/A	A			
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Compa	nny," the designation "L	LC" or the abb	reviation
Enter new principal offices address, if appli	cable;	N/A		As _	
(Principal office address MUST BE A STREET ADDRESS)		N/A		A CAR	
		N/A		A 60	П
Enter new mailing address, if applicable:		N/A		RY OF	
(Mailing address MAY BE A POST OFFICE BOX)		N/A		LO TIST	0
		N/A			
B. If amending the registered agent and registered agent and/or the new registered of	or registered of	ffice address on (g:	our records, <u>enter t</u>	he name of	the new
Name of New Registered Agent:	N/A				
New Registered Office Address:	N/A				
		En	ter Florida street add	ress	
		N/A	, Florida	N/A	
		City		Zip Code	
New Registered Agent's Signature, if changing	Registered Agents	•			

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
Mgr	Colin Cochrane	490 Opa Locka Blvd Opa Locka, Fl. 33054	Add Remove
Mgr	Willie Logan	490 Opa Locka Blvd Opa Locka, Fl. 33054	Add 7 Remove
			Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
			Add Remove
	_		A Remove
D, Ifa	mending any other informati	on, enter change(s) here: (Attach additional sheets,	If necessary.
	N/A		SALE RIDA
	N/A		
	N/A		
	N/A		
Dated _	N/A		, <u>, </u>
	Step hum Signi	ature of a member or authorized representative of a memb	er
	V.g	Stephanie William-Baldwin Typed or printed name of signee	v

Page 2 of 2

Filing Fee: \$25.00