## LIBOODOBAALO

| . (Requestor's Name)                    |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| (Address)                               |  |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
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|   |  |  |  |  |  |  |

Office Use Only



10/01/12--01021--009 \*\*30.00

SECRETARY OF STATE
ANASSEC, FLORIDA

FILED

D. BRUCE
OCT 2 2012
EXAMINER

## **COVER LETTER**

|                     | tion Section<br>of Corporatio | ns   |  | •   |                         |    |
|---------------------|-------------------------------|--|--|---|-------------------------|----|
| SUBJECT:            | AAB                           | AFFORDAR                                   | BUE SERVICE LL   | C   |                         |    |
| -                   |                               |  | ted Liability Company  |   |                         |    |
| The enclosed Arti   | cles of Amendr                | ment and fee(s) are sub                    | omitted for filing.  |   |                         |    |
| Please return all c | orrespondence                 | concerning this matter                     | to the following:  |   |                         |    |
|                     |                               | J  | TUAN R. VELEZ  |   |                         |    |
|                     |                               |  | Name of Person   |   |                         |    |
|                     |                               | AAB A                                      | HTTORDABLE SERL  | THE LLC   |                         |    |
|                     |                               |  | Firm/Company   |   |                         |    |
|                     |                               | 14371 5                                    | w 289 street   | _   | SE SE                   |    |
|                     |                               |  | Address  |   | OCT<br>CRE              | ** |
|                     | ***                           | MIAMI                                      | HASS   | FEAR  |                         |    |
|                     |                               |  | City/State and Zip Code  |   | PH PH                   |    |
|                     |                               | E-mail address: (                          | to be used for future annual report notifica                     | ition)  | I: 42<br>STATE<br>LORID | C  |
| For further inform  | nation concerning             | ng this matter, please o                   | eall:  |   | 5 N                     |    |
| JUAN                | u R. Ve                       | ELEZ                                       | at 305, 305-88   | <b>5</b> 0  |                         |    |
| Name of Person      |                               | Area Code & Daytime                        | Telephone Number   | _   |                         |    |
| Enclosed is a chec  | k for the follow              | ving amount:                               |  |   |                         |    |
| \$25.00 Filing      |                               | 0.00 Filing Fee &<br>Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$60.00 Filing For Certificate of Strate Copy (additional copy) | Status &                |    |
|                     |                               |  |  |   |                         |    |

**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

| AAB ATTORDABLE S   |                                      | UC                         |  |  |  |
|--|--------------------------------------|----------------------------|--|--|--|
| (Name of the Limited Liability Comp<br>(A Florida Limited  | pany as it now apportude the company | ears on our records.<br>/) | .)   |  |  |
| The Articles of Organization for this Limited Liability Compar<br>Florida document number <u>L 12000322/6</u>      | ny were filed on _                   | 3/06/201                   | L and assigned                                       |  |  |
| This amendment is submitted to amend the following:  |                                      |                            |  |  |  |
| A. If amending name, enter the new name of the limited lis   | ability company h                    | nere:                      | • •  |  |  |
| AAB AFFORDABLE   | SER/1U                               | es LLC                     | •  |  |  |
| The new name must be distinguishable and end with the words "Lin"L.L.C."   | mited Liability Corr                 | npany," the designation    | on "LLC" or the abbreviation                         |  |  |
| Enter new principal offices address, if applicable:  | 14371                                | 385 MG                     | STREET   |  |  |
| (Principal office address MUST BE A STREET ADDRESS)  | MIAMI                                | FL 331                     | 033  |  |  |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)                              |                                      |                            | AND FILED  12 OCT -I PH  SECRETARY OF TALLAHASSEE, F |  |  |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address he |                                      | n our records, <u>en</u>   | ter the native of the new                            |  |  |
| Name of New Registered Agent:  |                                      |                            |  |  |  |
| New Registered Office Address:   | ,                                    | Enter Florida street       | t address  |  |  |
|  | , Florida                            |                            |  |  |  |
|  | 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 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 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 <u>Title</u> **Type of Action Name Address** ☐ Add Remove ☐ Add Remove ☐ Add ☐ Remove ☐ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) SEPTEMBER 28 2012 Signature of a member or authorized representative of a member JUAN R. VOLEZ Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00