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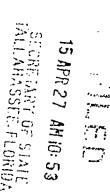
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COVER LETTER

	gistration Sect vision of Corpo			
SUBJECT:	Aff	ordable Av Name of Limi	+ 4 Framing ted Liability Company	, LLC
The enclose	d Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return	n all correspond	dence concerning this matter t	to the following:	
		Kathlee	n Papa 550 Name of Person	
			Firm/Company	
		2203 5	E 30±1 Stre	et
		Okeecho	bee, FL 349 City/State and Zip Code	74
		Diglakeho E-mail address: (1)	bbiese ama	il. com
For further i	nformation cor	ncerning this matter, please ca	dl:	
Kat	hleen Name of F	Papasso Person	at (<u>803</u>) 357 Area Code Daytime T	1-3592 elephone 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

Florida document number L12000091289 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 fourt be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: New Registered Office Address: Enter Florida street address Florida City

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member Type of Action **Address** <u>Title</u> <u>Name</u> □ Add ____
Remove _____ □ Remove ☐ Remove ☐ Add

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