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(Re	equestor's Name)	
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COVER LETTER

то:	Registration Division of C	Section Corporations	÷	٧.			
SUBJE	СТ:	F000 &	SMooTH ₁ Name of Limited Li	E OF ability Company	NAPLES	LL	<u>, </u>
The end	losed Articles	of Amendment and	fee(s) are submitted	I for filing.			
Please r	eturn all corre	spondence concernir	g this matter to the	following:			
		F	ARHAN	Name of Person	10		
				Firm/Company			
		3821	LEIGH	7000 Address			
		NAPI		\(\)\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Σ:	<u> </u>
		-ftar	nail address: (to be u	sed for future annua	l report notification))	
- For furt	her information	n concerning this ma	tter, please call:			O:	
	FARHA Nam	e of Person	-10	at (239) Area Code	Daytime Teleph	none Number	
Enclose	d is a check fo	r the following amou	int:				
tşi. \$ 25	.00 Filing Fee	□ \$30.00 Filir Certificate	-	\$55.00 Filing Fee Certified Copy (additional copy is en		\$60.00 Filing Certificate of Certified Cop (additional copy	`Status & 'y

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

FOOD & SMOOT	HIE	OF N	19Al	ES 1	1	
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	<mark>y as it now appe</mark> a ability Company)	rs on our record	<u>s.</u>)			
The Articles of Organization for this Limited Liability Company we Florida document number <u>L 1300016588</u> 9	vere filed on _	11/27/	201	<u>3</u> and	d assigne	d
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liabili	ity company h	ere:				
AFFORDABLE PROPERTIES The new name must be distinguishable and contain the words "Limited Liability		2007C	or the ab	breviatio	n "I I C"	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		designation DDC	of the ab		II I.L.C.	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)						
Midding dudress WAT BE A FOST OFFICE BOX				(3)		—
B. If amending the registered agent and/or registered offiregistered agent and/or the new registered office address here:	ce address or	n our records	enter enter		me. of. ti	ne nev
Name of New Registered Agent:			The state of the s	יי ס		
New Registered Office Address:	Enter Flo	rida street address		<u>்.</u>		
	13.11.7.10		rida			
	City	, F10	1 IUA	Zip C	'ode	

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 **Title** <u>Name</u> **Address Type of Action** □ Add □ Remove ☐ Change 🗆 Add _□ Remove ☐ Change □ Add ☐ Remove ☐ Change <u>n≞</u>□ Add ::3 ₹□ Remove 1 __ □ Change 122 <u>ு</u>□ Add ☐ Remove ☐ Change □ Add □ Remove

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e: If the date inserted in this block does not meet the applicable statutor; iment's effective date on the Department of State's records.	y filing requirements, th	is date	will no	t be listed a
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ecord specifies a delayed effective date, but not an effect	tive time, at 12:01	a.m.	on the	e earlier c
ne 90th day after the record is filed.	·			
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Page 3 of 3

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