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☐ PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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COVER LETTER

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TO: Registration S Division of Co	Section orporations	
Afforda	ble Action Homemakers, LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are submitted for filing.	
Please return all corresp	pondence concerning this matter to the following:	
	Josephine Adelufosi	
	Name of Person	-
	Affordable Action Homemakers, LLC	
	Firm/Company	-
	3636 Peppervine pl	
	Address	_
	Wesley chapel FL 33544	
	City/State and Zip Code	-
	jofunmientt@aol.com	
For further information	E-mail address: (to be used for future annual report notification) a concerning this matter, please call:	Na (Na (Na (Na (Na (Na (Na (Na (Na (Na (
Josephine Adeluf	fosi 813 8411831	
	e of Person Area Code Daytime Telephone Numbe	5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Enclosed is a check for	the following amount:	00
■ \$25.00 Filing Fee	(additional copy is enclosed) Certified	ate of 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

Affordable Action Homemaker Services,		
(Name of the Limited Liability Compa (A Florida Limited l	ny as it now appears on our records.) Ciability Company)	···
The Articles of Organization for this Limited Liability Company Florida document number L14000021292	were filed on September, 2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5438 Trouble creek road	
(Principal office address MUST BE A STREET ADDRESS)	New Port Richey, FL 34652	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O.Box 844 Lutz, FL 33548	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:		the name of the ne
	Enter Florida street address	2 . A
	, Florida	ω
	City	Zip Gode

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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address Type of Action
VP	Michelle Adelufosi	3636 Peppervine pl Wesley chapel FL 33
		Remove
VP	Katherine Adelufosi	3636 Peppervine pl wesley chapel FL 33 ■ Add
		Remove
VP	Patricia Adelufosi	3636 Peppervine pl wesley chapel FL 33
		Remove
VP	Joseph Adelufosi jr	3636 Peppervine pl wesley chapel FL 33 ■ Add
		Remove
VP	Beatrice Adelufosi	3636 Peppervine pi wesley chapel FL33
		Remove 3
		Remove

f amending any other information	i, enter change(s) here: (Attach ad	iautonat sneets, ij necessary.)
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Effective date, if other than the date (The effective date must be specific, cannot be the date this document is filed by the Floridate)	e prior to date of receipt or filed date and ca	(optional) nnot be more than 90 days after
Dated February 21st	2015	
Mode	elufos.	
josephine adelufosi	nature of a member or authorized represen	tative of a member
Josephilite adeldiosi	Typed or printed name of sign	

Page 3 of 3

Filing Fee: \$25.00

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