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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
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2014 DEC 30 PH 4: 46
SECRETARY OF STATE

UN 23 2015

COVER LETTER

Division of Corporations		
SUBJECT: Affordable Flor Name of	Rida Hones, LLC Limited Liability Company	<u> </u>
The enclosed Articles of Amendment and fee(s) are	submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Ken M Affreda	Name of Person No. Florida Homas Firm/Company	s.LLC
6962	Staemount De-	TALL SEE
LAKC	City/State and Zip Code	DEC 30 PK
E-mail addre	ess: (to be used for future annual report noting asset call:	ification) FLORIDA
Name of Person	at (<u>&63</u>) <u>248 - </u> Area Code Davtim	53:54 ne Telephone Number
ranio di 1 orsoni	Alea Code Daytiii	ie reiephone Nambei
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\times \text{ \$30.00 Filing Fee & Certificate of Statu}	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

Name of the Limited Lin (A Flo	ability Company as it now appears on our record orida Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability	· · · · · · · · · · · · · · · · · · ·	and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the words	"Limited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	ODRESS)	2014 S.C. ALL
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2	DEC 30 PM 4: 46 AFTARY OF STATE AHASSEE FLORIBA
B. If amending the registered agent and/or re registered agent and/or the new registered office a		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres.	S
	, Flo	orida
	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 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 = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
HGR	Ken Martin	6562 Starmount De	∑ Add
		LAKeland, FL 33810	□ Remove
MGR	Kathkon Haelin	Lakeland, FL 33810	Add
		Lakekm. FL33810	Remove
···			🗖 Add
			Remove
			SEGRETORY C SEGRETORY C
			REMOVE D
		:E	£ .
			□ Add
			□ Remove
			□ Add
			□ Remove
			L Remove

. '				-
				-
(The effective date	must be specific, car	ne date of filing: nnot be prior to date of receipt or filed date and can Florida Department of State)	(optional) nnot be more than 90 days after	-
Dated 12.2		<u>, 2014</u> .	\$ 00 20	TI DEC 30
- 15 -	() T	Signature of a member or authorized representa	工. 	E W

Page 3 of 3

Filing Fee: \$25.00