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COVER LETTER

TO:

Registration Section

Divi	ision of Cor	porations			~
	Affordable:	Maintenance Solutions, LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		David Hummer			
		-			
		•			
		308 Breezeway Dr			
		Address			
		Apopka, FL 32712			
			City/State and Zip Code	:	JUN 0 6 2023
	Dhummer30@gmail.com E-mail address: (to be used for future annual report notification				1131 n 6 2023
For further in	iformation co	oncerning this matter, please c		report nouncation)	JON.
David Humn	ner		321 59	91-2628	
	Name of	f Person	Area Code	Daytime Teleph	one Number : :::
Enclosed is a	check for th	e following amount:			
□ \$25.00 F	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Reg Div P.O	iling Address gistration S vision of C). Box 632 lahassee, I	Section orporations 7	Division The Ce 2415 N	address: ration Section on of Corporation entre of Tallahas N. Monroe Stree assee, FL 32303	ssee t, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Affordable Maintenance Solutions, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 5/29/2023 _ and assigned Florida document number L15000111832 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 must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 308 Breezeway Dr Enter new principal offices address, if applicable: Apopka, FL 32712 (Principal office address MUST BE A STREET ADDRESS) 308 Breezeway Dr Enter new mailing address, if applicable: Apopka, FL 32712 (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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

Simple State Contraction

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Jessie Elkins	308 Breezeway Dr	🗎 Add
		Apopka, FL 32712	□Remove
			l] Change
AMBR	Sheila FEHenolF	308 Breezeway DR	<u>~</u> ■Add
		APOPKA, F1 32712	🗆 Remove
			□Change
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ctive date, if other than	n the date of filings			
effective date is listed, the dat	te must be specific and cannot be p	rior to date of filing or more	optiona (optiona than 90 days after filin	on) Pursuant to 605 07
- 11 the date hiserieu in t	his block does not meet the app the Department of State's recor	Dicable statutory filing i	equirements, this da	te will not be listed
	fective date, but not an effective	e time at 12:01 a.m. on	the earlier of (h)	The 00th day = 6 := 4
ord specifies a delayed eff		- 11110; Ot 12:01 d.m. On	are carrier or, (b)	riic 90di day after tr
ord specifies a delayed eff filed.				
med.				
med.		<u>23</u> .		
med.		23.		
d <u>5-27-</u>	Signature of a member or an Typed or pr	23.		