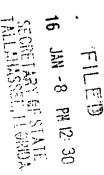


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JAN 11 2016 S. YOUNG

## COVER LETTER

	egistration Secti ivision of Corpo		•		
SUBJECT		ome Living and Care LLC			
SUBJECT		Name of Limit	ted Liability Company		
The enclos	sed Articles of Ar	nendment and fee(s) are subn	nitted for filing.		
Please retu	irn all correspond	lence concerning this matter t	o the following:		
		Marie M Bernard			many
			Name of Person		音筒の
		Affordable Home Living an	nd Care LLC		量量工
			Firm/Company	***************************************	200 日
		1451 NW 4TH STREET			LIM P. C.
			Address		
		BOYNTON BEACH, FL 3	3435	~	07 30 ·
		l.	City/State and Zip Code		
		mSmarce 1	n 1 @ Grack Cor	ation)	
For furthe	r information con	icerning this matter, please ca	•	,	
Ma	Name of 1	mark	at (561 ) 358	8084 Celephone Number	
·	raine or ,	<b>CISO</b>			
Enclosed	is a check for the	following amount:			
\$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	e 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 Home Living and Care LLC	ny as it now annears an our records )	
(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L15000208665</u>	were filed on December 16,2015	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:	JAN -8
·		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	e abbreviation "E.L.C."
Enter new principal offices address, if applicable:	1451 NW 4TH STREET	愛田 &
(Principal office address MUST BE A STREET ADDRESS)	BOYNTON BEACH,FL 33435	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	1261 Olympi Greenacres, F	Circle L 33413
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		ter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	المادة المادة	
<del></del>	, Florida 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 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

<u>Title</u> <u>Name</u>		Address	Type of Action			
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