<u>LI7000 218571</u>

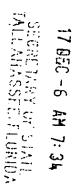
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Affordable Home Repairs, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jame D. Gomez Sr.
Affordable Home Repairs, LLC Firm/Company
1715 Broadleaf Ct.
Trinity Fl 34655 City/State and Zip Code E-mail: address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jaime D. Gomez at (757), 514-6763 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

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 Ho	me Repairs LLC	
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number <u>L1700218571</u> .	1 3	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Muiling address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		r the name of the new
		$\geq c_{\alpha}$
Name of New Registered Agent:		77
New Registered Office Address:		
	Enter Florida street address	13SS 73SS 79-
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agen	•	7: 31 Comin
I hereby accept the appointment as registered agent and as provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance of my duties, and I am s provided for in Chapter 605, F.S. Or	familiar with and , if this document is

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
AMBR	Gomez, Teresa A	1715 Broadleaf U.	Add
		1715 Broadleaf U. Trinity, Fl 34655	Remove
			☐ Change
			Add
			Remove
			Change
			🗆 Add
			Remove
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etive date, if other than the date of filing: ffective date is listed, the date must be specific and cannot be prior to date of filing or more than If the date inserted in this block does not meet the applicable statutory liling requirement's effective date on the Department of State's records.	(optional) n 90 days after filing.) Pursuant to 605.
record specifies a delayed effective date, but not an effective time, he 90th day after the record is filed.	at 12:01 a.m. on the earlie
ad December 3RD. 2017.	
	ember

Filing Fee: \$25.00

- Page 3 of 3