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	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	; c.T.":"3
	Provide Contraction

Office Use Only



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COVER LETTER

SUBJECT: AFFORDA	ABLE MOBIL	LE HOUSING LL	C
-	Name of Limited L	iability Company	
The enclosed Articles of Amendme	ent and fee(s) are submitte	ed for filing.	
Please return all correspondence co	oncerning this matter to th	e following:	
		_	
<u></u> <u>R</u>	ALAKRISHNA	Name of Person	REDDY
4	FRORDABO	E MOBILE HOU Firm/Company	SING, LLC
	_	. mis company	
<u>15</u>	63 CAPITA	CCIRCLE SE S	SUITE #60
	ALLAHASS	EE FL 3230 ity/State and Zip Code	
		gmail. Com	ion)
For further information concerning	•	and the father sential report hourself	1011)
		_	
BALA-KRISHWA	KEDDY BALIRED	PY at (850) 32 90 Area Code Daytime Te	696
Name of Person	,	Area Code Daytime Te	elephone Number
Enclosed is a check for the followi	ng amount:		
-	0.00 Filing Fee & [ertificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section
Division of Corporations

Registration Section
Division of Corporations

TO:

P.O. Box 6327

Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassec, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	MOBILE HOUSING		
(Name of the Limit	d Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Li-	ibility Company were filed on	and assigned	
Florida document number		•	
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability company here:		
The new name must be distinguishable and contain the we	ords "Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."	_
Enter new principal offices address, if applica	ble:	2024 SEC	
(Principal office address MUST BE A STREE	(ADDRESS)	- # #	_
			==
			<u>.1</u>
Enter new mailing address, if applicable:		10	<i></i>
(Mailing address MAY BE A POST OFFICE)	<u></u>		
			
B. If amending the registered agent and/or ragent and/or the new registered office address	egistered office address on our recor s here:	ds, enter the name of the new reg	istere
Name of New Registered Agent:	BALAKRISHNA RE	EDDY BALIREDAY	
New Registered Office Address:	1563 CAPITAL CIRCLE Enter Florida si		
	TALLA-HA-SSEE	, Florida 3230 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
AMBR	BALAKRISHNA REDDY BALIRED	TALLAHASSEE FL 32301	7€#60 □ Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
· .
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3): Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated OS 102 12024 B Intal Chistopher of a member of
B Inlaiceisluakeglin
Signature of a member or authorized representative of a member
Typed or printed name of signee

Filing Fee: \$25.00