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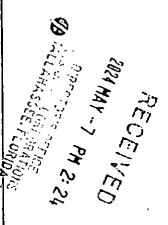
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COVER LETTER

TO:

Registration Section

Division	of Corporations][
One SUBJECT:	Hour House Solutions LLC			
	Name of Limited Liability Company	#-		
The enclosed Artic	cles of Amendment and fee(s) are submitted for filing.			
	-			
ricase return an ec	orrespondence concerning this matter to the following:			
	Ashley Rader			
	Name of Person	1		
	One Hour House Solutions LLC			
	Firm/Company	11		
	3524 Stearns Park Rd		-3	
	Address	<u> </u>	•	•
	Valrico FL 33596		•	•
		200	7.7	} .
	City/State and Zip Code bfps111@gmail.com	inco inco	9H 8:	<u>.</u>
	E-mail address: (to be used for future annual report notification)		25	
For further informa	ation concerning this matter, please call:	m	J	
	one of the state o			
Ashley Rader	813 245-0754 			
N	Name of Person Area Code Daytime Telephone	Number		
Enclosed is a check	c for the following amount:			
□ \$25.00 Filing F	Certificate of Status Certified Copy (additional copy is enclosed)	60.00 Filin entificate entified C entified C	of Stat	tus &
Division P.O. Box	tion Section Registration Section of Corporations Division of Corporations	e)	

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

One Hour House 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 ______02/21/2014 and assigned Florida document number L14000030300 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 "LLQ" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: 3524 Stearns Park Rd (Principal office address MUST BE A STREET ADDRESS) Valriico FL 33596 Enter new mailing address, if applicable: 3524 Stearns Park Rd (Mailing address MAY BE A POST OFFICE BOX) Valrico L 33596 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registe agent and/or the new registered office address here: Ashley Rader Name of New Registered Agent: New Registered Office Address: 3524 Stearns Park Rd Enter Florida street address Valrico 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 t 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.

ti amendin or removed	g Authorized Person(s) authorized to from our records:	manage, enter the title, name, and address of each	ch person being a
MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	Ashley Rader	3524 Steams Park Rd Valrico FL 33596	
			□Remove
			Change
AMBR	Jesus Rivera		□Add
		2204 ELISE MARIE DR SEFFNER, FL 33584	
			🗏 Remove
			□Change
			□Add
			<u>~~</u> □Remove
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			□ Change

. It amending any other information, enter change(s) here: (Attach additional sheets, if	necessary.)
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ffective date, if other than the date of filing:(or	 tipnal
an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days at lote: If the date inserted in this block does not meet the applicable statute of filing.	a P
ocument's effective date on the Department of State's records.	ing date will not be listed as the
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: is filed.	(b) The 90th day after the
sted	
Signature of a member of authorized representative of a member	
V)	
Ashley Rader	
Typed or printed name of signee	1