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COVER LETTER

TO: Registration Se Division of Cor		·	
O~	4 11 . 60	and and	•
SUBJECT: H	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Man	Name of Person	
	ATK	Home Solution	ns LLC
	13807	Fornese Or. Address	
		Stero, FL 339 City/State and Zip Code	78
	E-mail address:X	to be used for future annual report notifi	amail.com
For further information of	concerning this matter, please ca	all:	
Manny	Castro	at (239) 221	8642
Nam é d	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate 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 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

ATK	Home ?	bervice 5	UC		_	
(Name of the Limite	<u>d Liability Compar</u> A Florida Limited L	ny as it now appears on iability Company)	our records.			
The Articles of Organization for this Limited Lia Florida document number			127/17	and	assign	ied
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of	the limited liabi	lity company here:				
		jons LLC	<u>. </u>			
The new name must be distinguishable and contain the wo	ords "Limited Liabil	ity Company," the design	nation "LLC" or the	abbreviation	"L.L.C	
Enter new principal offices address, if applica	ble:	13407 T	For re-se	<u>0c</u>	<u> </u>	 -
(Principal office address MUST BE A STREET	(ADDRESS)	Estero,	FL 37	स्तरह		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/oregistered agent and/or the new registered off	or registered of	fice address on ou	ır records, <u>ent</u> e	er the nan	17 FEB +6 25	thernew
				ORIO	: ®	N
Name of New Registered Agent:	Manu	al Castro		<u> </u>		
New Registered Office Address:		Enter Florida s	street address			
			, Florida			
		City	<u> </u>	Zip Co	de	

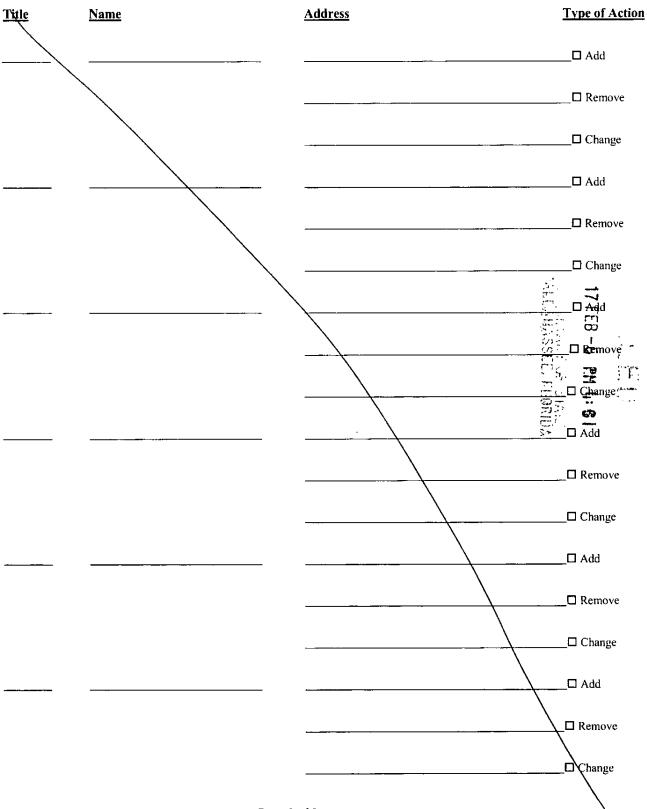
New Registered Agent's Signature, if changing Registered Agent:

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



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te: If the date inserte	d in this block doe	s not meet the ap	oplicable statute	ory filing require	ments, this da	ate will no	ot be list	ed a
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Filing Fee: \$25.00