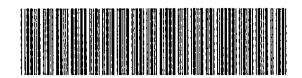
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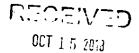
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COVER LETTER

Division of Corporations
SUBJECT: AUTOMOTIVE PARTS SolutionS L.L.C. 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:
Kevin LynFatt
A Nomative Parts Solutions L.L.C. Firm/Company
2780 E. Fowler Arc #429 Address
TAMPA, FL 33612 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kevh Lyn Fatt at (727) 251-3452 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) 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

AUTOMOTIVE	PARTS	Solutions	L.L.C.	2018 3219 3219	
AUTO MOTIVE (Name of the Limite	ed Liability Compan (A Florida Limited L	y as it now appears on ou ability Company)	ır records.)	2018 OCT	77
The Articles of Organization for this Limited Li Florida document number <u>L1700019</u> This amendment is submitted to amend the follo	ability Company v	were filed on $9/3$	15/2017	and assign	icen O
This amendment is submitted to amend the follo	owing:			5: 32 FLE	
A. If amending name, enter the new name of					
Home Group SERV The new name must be distinguishable and contain the w	ices Usn	- LLC			
The new name must be distinguishable and contain the w	ords "Limited Liabili	ty Company," the designat	ion "LLC" or the a	bbreviation "L.L.C	· · ·
Enter new principal offices address, if applica	able:				
(Principal office address MUST BE A STREE	T ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>BOX)</u>				
B. If amending the registered agent and/ registered agent and/or the new registered of			records, enter	the name of	the nev
Name of New Registered Agent:					
New Registered Office Address:					
		Enter Florida stro	et address		
		Circ	, Florida	Zip Code	
		City		гір Соде	

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

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability mpany 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 **Title Address** Type of Action Name JUSTIN L. Bellware 2780 E. Fowler Ave # 429 KAdd AMBR TAMPA, FL 33612 - Remove _____ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Remove _____ Change □ Add □ Remove _□ Change ☐ Add

☐ Remove

_□ Change

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