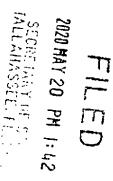
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Certified Copies	_ Certificates	of Status
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## **COVER LETTER**

TO: Registration Section
Division of Corporations

American P	roperty Solutions CFL LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Giselle Gonzalez		
		Name of Person	
	Evolve Home Solutions LI	LC	
		Firm/Company	
	2309 Roanoke Ct		
		Address	
	Lake Mary FL 32746		
		City/State and Zip Code	
	torrey.evolve@gmail.com		
	E-mail address: (	to be used for future annual report not	ification)
For further information of	oncerning this matter, please of	all:	
Gisclle Gonzalez		407 402-1023 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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 1 Division of O P.O. Box 632	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of	rporations Fallahass <del>ee</del>
Tallahassee,	<b>ドレ 32314</b>	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records ARY OF STA

FILED

AMERICAN PROPERTY SOLUTIONS CFL LLC

2020 HAY 20 PM 1: 42

TALLAHASSEE, PERMI

Florida document number L19000222081 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: **Evolve Home Solutions LLC** The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_\_, Florida \_\_\_\_ 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 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 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
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			□Remove
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ctive date, if other than the	date of filing: 05/18/	2020		(optional)	
effective date is listed, the date mu	st be specific and cannot be	prior to date of fil	ling or more than ?	00 days after filing.	Pursuant to 605.02
If the date inserted in this b ment's effective date on the D	ock does not meet the a epartment of State's rec	pplicable statute cords	ory filing require	ements, this date	will not be listed
ord specifies a delayed effective	e date but not an effect	ive time, at 12:0	)lam on the es	urlier of: (h) Th	Ofth day after th
filed.		timo, iii 12.	/ I d.m. on the Q	(b) 11 <b>3</b>	2 Jour day arter ti
d May 18th	2020				
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	Signature of a member or	authorized repres	sentative of a men	iber	