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(Re	equestor's Name)	_
(Ac	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Bi	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	
	<u> </u>	

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SECRETARY OF STATE CORPORATION 35 1

1 DET, Wis

COVER LETTER

	Registration Sec Division of Corp			
	Home Energ	y Renovation Services, LLC		
SUBJEC	Т:	Name of Limit	ted Liability Company	
The encle	osed Articles of a	Amendment and fee(s) are subt	nitted for filing.	
Please ret	urn all correspo	ndence concerning this matter t	to the following:	
		Sabrina Mayo		
			Name of Person	
		Home Energy Renovation S	Services, LLC	
			Firm/Company	
		3554 Beneraid St		_
			Address	
		Lank O'Lakes, FL 34638		
			City/State and Zip Code	
		support@solarauditorsusa.c	om to be used for future annual report no	uitication)
				(incurvary
For furth	er information c	oncerning this matter, please ca		
Sabrina l	Mayo		813 279-4028 at ()	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed	I 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 Division of C	Section	Street Address: Registration S Division of Co	orporations
	P.O. Box 632	27 FL 32314	The Centre of	Tallahassee roe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Home Energy Renovation Services, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	nny as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Liability Company	were filed on 01/02/2020	and assigned
Florida document number 1.2000009129		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
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 agent and/or the new registered office address here:	address on our records, <u>enter t</u>	ne name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Floi	rida
	City	rida 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 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
MGR	James J Stark Jr	3554 Beneraid St	■Add
		Land O'Lakes, FL 34638	□Remove
			□Change
			□Add
			□Remove
			□ Change
		□Add	
			□Remove
			□ Change
		□∧dd	
			□Remove
		□ Change	
		□Remove	
		□Change	
		□Add	
			□Remove
			Chance

,	
D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an el Note:	tive date, if other than the date of filing:
f the reco ecord is f	rd 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 iled.
Dated	April 28
	Signature of a member or authorized representative of a member
	Sabrina Mayo
	Typed or printed name of signee

Filing Fee: \$25.00