L2200000004286

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



200388939452

08/16/22--01007--012 ★*****\$0.00

SECULIARIASSEE FL

COVER LETTER

TO: Registration Se Division of Cor				
	ne Smart Solutions 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:		
	Michael J. Givens			
		Name of Person	· · · · · · · · · · · · · · · · · · ·	
	Whole Home Smart Soluti	ons LLC		
	<u></u>	Firm/Company		
	2715 White Magnolia Way	<i>f</i>		
		Address		
	Sanford, FL 32771			
		City/State and Zip Code		
	Michael@HydroTechFL.co	m to be used for future annual report r	notification)	
For further information of	oncerning this matter, please c			
Michael J. Givens		407 808-1201		
Name o	f Person		time Telephone Number	
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addre Registration Division of C	Section	Street Address Registration Division of C	Section Corporations	
P.O. Box 6327 Tallahassee, FL 32314		· · · · · · · · · · · · · · · · · · ·	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JUN 16 PM 4: 08

Whole Home Smart Solutions LLC		-
(Name of the Limite	d Liability Company as it now appears on our r A Florida Limited Liability Company)	TALLAHASSEE, FL
he Articles of Organization for this Limited Lia	ability Company were filed on 04/29/2022	and assigned
lorida document number L22000204286		
his amendment is submitted to amend the follo	wing:	
If amending name, enter the new name of	the limited liability company here:	
he new name must be distinguishable and contain the w	and "Limited Liability Company" the designation	"LLC" or the abbreviation "L.L.C."
he new name must be distinguishable and contain the w		
Enter new principal offices address, if application		
Principal office address MUST BE A STREE		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
B. If amending the registered agent and/or r agent and/or the new registered office addre	egistered office address on our records, ss here:	enter the name of the new regi
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	t address
		. Florida

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> Fitle</u>	Name	Address	Type of Action
MGR	Alex Rast	10387 VISTA OAKS CT. 107	□Add
		ORLANDO, FL 32836	≅ Remove
			□Change
			□Add
			□Remove
			☐ Change
			□ Remove
			☐ Change
			□Add
			□ Change
			□Add
			□Remove
			□Change
			□Remove
			□Change

Typed or printed name of signee