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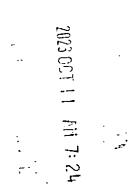
(Requestor's Name)	_
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(Business Entity Name)	_
(Document Number)	_
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COVER LETTER

TO: Registration S Division of Co		•	•
	OME SOLAR I.L.C		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	SAMUEL NGUYEN, RO	BIN NGUYEN	
		Name of Person	
	NOVA HOME SOLAR L	LC	
		Firm/Company	
	14200 CHEVAL DANFO	RTH CT APT. 102	
		Address	
	ORLANDO, FLORIDA 3	2828	
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	NOVAHOMEENERGY@0		
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report not	lication)
	wheeling this matter, please e		
SAMUEL NGUYEN		661 236-2730 at ()	
Name o	of Person	Area Code Daytim	æ 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:		Street Address:	ction
Registration Section Division of Corporations		Registration Se Division of Cor	
P.O. Box 632	27	The Centre of T	allahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NOVA HOME SOLAR LLC

2023 OCT 11 AH 7: 24

(Name of the Limited (A	Liability Compa Florida Limited	any as it now appears on our record Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liabi	ility Company	were filed on 05/16/2023	and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of th	e limited liab	pility company here:	
The new name must be distinguishable and contain the words	s "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)		2228-2354 Winter Woods Blv	d, Unit 2318
		Winter Park, FL 32792	
Enter new mailing address, if applicable:		2228-2354 Winter Woods Blv	d, Unit 2318
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>	Winter Park, FL 32792	
B. If amending the registered agent and/or registered affice address h		address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:	SAMUEL NGUYEN		
New Registered Office Address: 2			
,	Vinter Park	Enter Florida street addres	orida ³²⁷⁹²
<u>-</u>		, FI	Orida <u>Zip Code</u>

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	CONNER LIFEB	2228-2354 Winter Woods E Unit 2318 Winter Pack, FL 32	31v2/ 792 ≣add
			□Remove
			□Change
			🗀 Add
			□ Remove
			Change
			□ Add
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			□Remove
			□Change

Page 2 of 3

	r information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
	
	
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**	
(If an effective date is listed, to Note: If the date inserted	than the date of filing: October 6, 2023 (0-6-23) (optional) he date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3(b) in this block does not meet the applicable statutory filing requirements, this date will not be listed as the con the Department of State's records.
If the record specifies a (b) The 90th day after	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: the record is filed.
Dated	
}	Signature of a member or authorized representative of a member
0.4.4.77	
SAMUEL NO	UTEN

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Typed or printed name of signee

Filing Fee: \$25.00