0001 010	To;: 1850617	6383 From:	19166105073	Date:	04/25/24	Time: 8:1	6 PM Page:	02/05
/26/24, 3113	PM		•	Divis	ion of Corpore	itions	-	
			HaridaDe	partm	ent of S	tate		
		A/ /	Division Effectrorie		Drations		7 -	
				r ning c	aviel Suc			
	Note: Pl	ease print thi	is page and use (v) on the top and	t <mark>it as a c</mark> bottom	over sheet	. Type the fr	ix audit nur	nber
			(((H24)	0001533	613)))			
								l
				001533613A				
			F1240	401000100				
	Note: DO		REFRESH/RE				from this p	age.
	[						<i></i>	
	To:	Division	of Corporation	15				
		Fax Numbe						
	From:	Account N	ame : PARASE	ic.				262
		Account N	umber : I20180	000086				25247.111
		Phone Fax Numbe	: (916)5 r : (800)6					: ]
								L,
	**Entor	the omail a	denses for the	is husion	er octitu	to be used	For future	
			ddress for thi mailings. Ent					e :: :
	a		mailings. Ent					
	a	nnual report	mailings. Ent					
	ه ۲	nnual report mail Address	mailings. Ent	er only (	one email	address plo	ease. ** .	
	ه ۲	nnual report mail Address LC AMND	mailings. Ent	er only o	one email	address plo	ease. ** .	
	ه ۲	nnual report mail Address LC AMND	mailings. Ent : /RESTATE/ HOMELUXI	er only o	one email	address plo	ease. ** .	
	ه ۲	nnual report mail Address LC AMND	mailings. Ent 	er only o	one email	address plo M/MG RE LLC 0 0	ease. ** .	
	ه ۲	nnual report mail Address LC AMND	mailings. Ent 	er only o	one email	address plo M/MG RE LLC 0	ease. ** .	

T. LEMIEUX ARR₂2p<mark>9 2024</mark>

Electronic Filing Menu

Corporate Filing Menu

9

To: 18506176383 From: 19166105073 Dat	e: 04/25/24 Time: 8:16 PM Pa	ge: 03/05
T	0 *	
ARTICLES OF O		
0		
<sup>1</sup> Homeluxe Solutions. LLC	د اه	
Name of the Limited Linbility Compa (A Florida Limited 1	ny as it now appears on our records.) Jability Company)	<u></u>
The Articles of Organization for this Limited Liability Compa	any were filed on <u>03/22/2024</u>	and assigned
Florida document number <u>L24000140795</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
	<u></u>	····
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the a	ubbreviation "LLC."
Enter new principal offices address, if applicable:	<u>N/A</u>	~~
(Principal office address MUST BE A STREET ADDRESS)		:24
	- <u></u>	تر آم مربع المربع ا
		25
Enter new mailing address, if applicable:	N/A	;
(Mailing address MAY BE A POST OFFICE BOX)		
		0
		Ċ
B. If amending the registered agent and/or registered office a	address on our records, <u>enter the na</u>	me of the new register
agent and/or the new registered office address here:		
Name of New Registered Agent: N/R		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	Ciņi	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.

N/A If Changing Registered Agent, Signature of New Registered Agent

## MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	Jose Penalver	11370 Newtonian	🕅 🕅 🖉
		Blvd, Jacksonville,	🗆 Remove
		32256 FL	
		<del>\</del>	🛙 Change
		<u> </u>	🗆 Add
			🛙 Remove
			🗄 Change
			🗆 Add
			I Remove
			🖸 Change
			O Add
		N/A	🖸 Remove
			🖸 Change
			🖸 Add
			I Remove
			∖ ⊡ Change
			🔜 🗆 Add
			🗓 Кеплер-

## D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Article III: The purpose for which this LLC is organized is

ANY AND ALL LAWFULL BUSINESS

		·	
	· · · · · · · · · · · · · · · · ·		
			·····
	<u> </u>		·
			······
·····			
			<u> </u>
<u> </u>			<u> </u>
			· · ·

## E. Effective date, if other than the date of filing: 3/22/2024

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207(3) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tree document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th  $\frac{1}{6}$  a further record is filed.

Dated April 24 , 2024	Y OF DUVI
YENITZA C. BELTRAN ALEJOS	FRIDA, COUNT Firmed) and su lay of [35] fran ure:
Typed or prinked name of signee MICHELLE KETCHASI MY COMMISSION & INVERTIGATION EXPIRES: JUL 19, 2020 Bonded through 1st State Insurance	STATE OF FLO Swarn to for a this JLO. 12 by <u>CLO. 12</u> Notary Signath Personally kno