

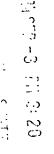
(Requestor's Name)
(Address)
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(Addison)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





09/03/24--01026--005 **25.00





COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration So Division of Cor			
	HOME ELECTRIC 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	ondence concerning this matter	to the following:	
	GANCARZ BOGUMIL		
		Name of Person	
	FLORIDA HOME ELECT	TRIC ELC	
		Firm Company	
	6500 TAYLOR CT		
		Address	
	NEW PORT RICHEY, FL	. 34653	
		City'State and Zip Code	
	E-mail address; (to be used for future annual report note	fication)
For further information e	oncerning this matter, please or	all:	
GANCARZ BOGUMIL		773 556-5509	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	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 Addres		Street Address:	Ţ
Registration S		Registration Sec	
Division of C P.O. Box 632		Division of Cor The Centre of T	
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2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Cor	mnone as it now unnears on our records)
(A Florida Limit	mpany as it now appears on our records.) ted Liability Company)
he Articles of Organization for this Limited Liability Compa lorida document number 1.24000265911	any were filed on JUNE 11, 2024 and assigned
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited li	iability company here:
ne new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS	<u> </u>
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
. If amending the registered agent and/or registered offic gent and/or the new registered office address here:	ce address on our records, <u>enter the name of the new regis</u>
esti and or the new registered white address here.	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address

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.

Civ

Zip Code

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	BOGUMIL GANCARZ	6500 TAYLOR CT	
		NEW PORT RICHEY, FL 34653	≣Remove
			□Change
MGR	GANCARZ BOGUMII.	6500 TAYLOR CT	
		NEW PORT RICHEY, FL 34653	□Remove
			□Change
			□Remove
			□Change
			□Remove
			Change
			\ \ \ \ \ \
			□ Remove
-			
			Remove

irsuant to 605

Filing Fee: \$25.00