L24000393910

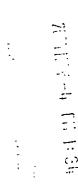
(Requestor's Name)
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(Document Number)
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COVER LETTER

то:		tration Section of Corpo			,	
SUBJE		lore Home L	LC			
SOBJE	c		Name of Limi	ited Liability Company		
The enc	losed A	Articles of Ar	nendment and fee(s) are sub	mitted for filing.		
Please re	eturn a	II correspond	lence concerning this matter	to the following:		
			Mariana Almeida			
				Name of Person		
			Core Home LLC			
				Firm/Company	<u>-</u>	
			180 SE 36th Ave			
				Address		
			Homestead, FL 33033		_	
				City/State and Zip Code		
			accounting@coreenergysola E-mail address: ()	r.com to be used for future annual rep	ort notification)	
For furtl	her info	ormation con	cerning this matter, please ca			
			<u> </u>	at () Area Code	Daytime Telephone Number	
		Name of P	Person	Area Code	Daytime Telephone Number	
Enclose	d is a c	heck for the	following amount:			
■ \$25	.00 Fil	ing Fec	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certified (e of Status &
		ng Address:	.•	Street Addr		
	_	stration Se		<u> </u>	on Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Core Home LLC		
(Name of the Limited (A	Liability Company as it now appears on our reco Florida Limited Liability Company)	rds:)[];[] -1; F.: 1: 34
The Articles of Organization for this Limited Liab Florida document number L24000393910		and assigned
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "Li	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ele:	
(Principal office address MUST BE A STREET).	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or reg agent and/or the new registered office address		er the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addi	ess
	,	Florida
	City	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
AMBR	Peter Almeida	180 SE 36th Ave. Homestead, FL 33033	■Add
			□Remove
			□Change
			□Add
			□Remove
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Effective data if other	than the date of fili	10/21/2024		(ontional)	
. Effective date, if other (If an effective date is listed, in Note: If the date inserte document's effective date.	d in this block does not	meet the applicable st	of filing or more than statutory filing require	0 days after filing.) Pursuant ements, this date will not b	to 605.0207 (2 be listed as th
the record specifies a delay	ed effective date, but no	ot an effective time, at	12:01 a.m. on the ea	urlier of: (b) The 90th day	y after the
ecord is filed.					
		2024			