L25000082181

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

COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations		
	OME ELECTRIC SERVICES	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:	
	Michelle Cangialosi		
		Name of Person	
	Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. se return all correspondence concerning this matter to the following: Michelle Cangialosi		
		Firm/Company	
	7600 NW 5th Place		
		Address	
	Gainesville, FL 32607		, -
		·	· · · · · · · · · · · · · · · · · · ·
	45		fication)
For further information c			,
Michelle Cangialosi		at () te	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status &
			etion
Division of C	Corporations	Division of Cor	porations
P.O. Box 632	. /	ine Centre of I	ananassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

2025 JUN 25 AM 8: 16

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HAPPY HOME ELECTRIC SERVICES LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our ted Liability Company)	records.)
he Articles of Organization for this Limited Liability Compa	any were filed on 02/17/2025	and assigned
lorida document number L25000082181		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited l	liability company here:	
appy Home Power LLC		
ne new name must be distinguishable and contain the words "Limited L	iability Company," the designation	"LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRESS		025
micipal office address MOST BE A STREET ADDRESS		25 JU)
		25
nter new mailing address, if applicable:		· · ·
• • •		<u> </u>
failing address MAY BE A POST OFFICE BOX)		<u>, . 60 </u>
		
If amending the registered agent and/or registered officent and/or the new registered office address here:	ice address on our records, g	enter the name of the new register
Name of New Registered Agent:	· · ·	
New Registered Office Address:	Enter Florida street	uddrace
	t.nter r torida street	aaaress
		, 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 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
			□Remove
			□Add
			□Remove
			□Add
			□Remove
			_Add
			□Remove
			Change
			□Add
			DRemove
			☐Change:
			□Remove U.S. J. Change 26 A.S. A.S.
			 □Remove
			□Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessor	ary.)	
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Effective date, if other than the date of filing:	ng.) Pursuant to 6	605.0207 (. isted as tl
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) d is filed.	The 90th day a	fter the
06/18/2025 Dated		2025 JUN 26
Signature of a member or authorized representative of a member	7 2. V	
Signature of a member or authorized representative of a member	2.	26
Michelle Cangialosi		
Typed or printed name of signee		æ

Filing Fee: \$25.00