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C. BRUMBLEY NOV 10 2021

COVER LETTER

TO: Amendment Section

Division of Corporations

	11	-	- () () ()
NAME OF CORPORAT	ION: HEALI	HY HON	ME SOLARINCI
DOCUMENT NUMBER	:: <u>P1600</u>	00993443)
The enclosed Articles of A	Imendment and fee are su	bmitted for filing.	
Please return all correspor	dence concerning this ma	tter to the following:	
	\sim	ARID M	AVA
		Name of Contact Person	n
		Firm/ Company	·
	495	57 Kentuc Address	ky Derby Ct.
	30	City/ State and Zip Cod	<u>A</u> 32257
	E-mail address: (to be us	ed for future annual report	notification)
For further information co	ncerning this matter, pleas	se call:	
Marie	ontact Person	at (305	de & Daytime Telephone Number
Enclosed is a check for the	e following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	Address		Address
	nent Section of Corporations		Iment Section on of Corporations
	•		entre of Tallahassee
P.O. Box 6327 Tallahassee, FL 32314			N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation of

Healthy	Home	Solar		1
(Name of Corporation as currently	filed with the Florida	Dept. of State)		, ——
(Document Number of	 Corporation (if known)		
Pursuant to the provisions of section 607.1006 , Florida Statutes, this F its Articles of Incorporation:	lorida Profit Corporat	tion adopts the le	llowing amendme	:nt(s) to
A. If amending name, enter the new name of the corporation:	WIA		an.	
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorpor professional corporat	ated or the abhi ion name must	The new reviation "Corp" contain the word	•
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	/ <u>A</u>			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			710DT 28 1	T
D. If amending the registered agent and/or registered office addre	ess in Florida, enter th	ne name of the	9: 46	
new registered agent and/or the new registered office address: Name of New Registered Agent	NA	·		6
(Florida stree	et address)			
New Registered Office Address:	Cuy)	, Florida	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent; I hereby accept the appointment as registered agent. I am familiar wi	N/A- ith and accept the oblig	gations of the pos	sition.	
Signature of New Rey	gistered Agent, if chang	zing		

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PT	John J Xoe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		Mario G. Maya	Apt # 225 Aventura FL 33180
Remove			Aventura, FL 33180
2)Change			
Add			
Remove Change			
Add			
Remove			
4)Change			
Add			
Remove			
5) Change		_	
Remove			
6) Change			
Add			
Remove			

mending or adding additional A ach additional sheets, if necessary	v). (Be specific)	,	
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		<u> </u>	
			
			<u></u>
			1
	· ·		
			
n amendment provides for an e ovisions for implementing the a (if not applicable, indicate N/A)	mendment if not containe	or cancellation of issued share ed in the amendment itself:	× N/A
			······
			* ****
-			

The date of each amendment(s) ad	option:	6/21/202	1	, if other than the
date this document was signed.		1,1,-		
Effective date <u>if applicable</u> :		NIA		
	(no more tha	m 90 days after amendment f	ile dates	
Note: If the date inserted in this blocument's effective date on the Dep			irements, this date will	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were adopaction was not required	eted by the incorporators.	or board of directors without	shareholder action and	shareholder
☐ The amendment(s) was were adop by the shareholders was/were suf		The number of votes east for	the amendment(s)	
The amendment(s) was were appromist be separately provided for e	•		•	
		were sufficient for approval		
by	(voting group)	· · · · · · · · · · · · · · · · · · ·	••	
	(voting group)			
Dated	10 25 20	2)		
Signature	$(V_1)_1/2$	<u> </u>		
		officer – if directors or office		
	by an incorporator — if it duction is a fiduciary by that fiduci	n the hands of a receiver, trus ary)	dee, or other court	
	4	MARIO MAYA		
-	(Typed or prin	MARIO MAYA ted name of person signing)		
-	apria a			
	(Title of persor	u zišuruš)		