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COVER LETTER

Divi	sion of Corp	porations		
SUD IFCT.		home solutions LLC		
SUBJECT	-	Name of Lim	ited Liability Company	
The enclosed	Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Nicole Brehnan Name of Person Transparent Home Solutions LLC Firm/Company 4815 New Broad st #3036 Address Orlando, F1 32814 City/State and Zip Code Nicoleibrehnan@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Nicole Brehnan Name of Person 415 3288005 Daytime Telephone Number				
		Nicole Brehnan		
			Name of Person	
		Transparent Home Solution	ns LLC	
			Firm/Company	
		4815 New Broad st #3036		
			Address	
		Orlando, Fl 32814		
			City/State and Zip Code	
		E-mail address: ()	to be used for future annual report not	ification)
For further in	formation co	oncerning this matter, please ca	ıll:	
Nicole Brehn	an		415 3288005	
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 Fi	iling Fee	\$30,00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

Transparent Home Solutions LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.23000247706	were filed on May 19, 2023	and assigned
This amendment is submitted to amend the following:	ability company here: Sability Company," the designation "L.C." or the abbreviation "L.L.C." Sability Company," the designation "L.C." or the abbreviation "L.L.C." Sability Company, "the designation "L.C." or the abbreviation "L.L.C." Sability Company, "the designation "L.C." or the abbreviation "L.L.C." Sability Company, "the designation "L.C." or the abbreviation "L.L.C." Sability Company, "the designation "L.C." or the abbreviation "L.L.C." Sability Company, "the designation "L.C." or the abbreviation "L.L.C." Sability Company, "the designation "L.C." or the abbreviation "L.L.C." Sability Company, "the designation "L.C." or the abbreviation "L.L.C." Sability Company, "the designation "L.C." or the abbreviation "L.L.C." Sability Company, "the designation "L.C." or the abbreviation "L.L.C." Sability Company, "the designation "L.C." or the abbreviation "L.L.C." Sability Company, "the designation "L.C." or the abbreviation "L.L.C." Sability Company, "the designation "L.C." or the abbreviation "L.L.C." Sability Company, "the designation "L.C." or the abbreviation "L.L.C." Sability Company, "the designation "L.C." or the abbreviation "L.L.C." Sability Company, "the designation "L.C." or the abbreviation "L.L.C." or the abbre	
A. If amending name, enter the new name of the limited liabi	lity company here:	PO BOX 141144 23 ame of the new registered ALLAHASSE
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	821 Herndon Ave Orkando, Fl. 3280	PO BOX 141144
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the nar	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address , Florida	Z AH Q
	City	SAIp 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
MGR	Zach Campbell	4815 New Broad st	
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			Remove
			□Change
			DAdd
			□Remove
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			□Add
			□Remove
			□ Change

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