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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: $\frac{1}{2}$	Name of Lim	LMOCOULM LA .) ited Liability Company	C.
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	José Luis	Velázonez Name of Person	
	Innova Ho	Firm/Company	
	29510 Notte	Address	See A
	16, buols. to	City/State and Zip Code	7: 33 STATE
	Innovahome E-mail address:	to be used for future annual report noti	notmail com
For further information co	oncerning this matter, please ca	all:	
Jose Wis Va Name of	Person	at (<u>407</u>) <u>433-e</u> Area Code Daytim	e Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	S30.00 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 Address Registration S Division of Co P.O. Box 632	section orporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Innova Home Technology (Name of the Limited Liability Come) (A Florida Limited	pant as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document numberしな30003150ませ	ny were filed on June 30, 2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
Transparent Limited Lia	hility Company "the decignation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	29512 Nottel Dr St. Cloud, 3134772
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	- · · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter the name of the new registered
	uis Valazques
New Registered Office Address: 2950	Enter Florida street address
St. Clar	City Florida 34773 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 Rogistered 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
mgs.	José luis Velaisquer	Kbuch R. of Letton 1206	BAA□\$([12
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effective date, if other than the date of filing:	ting of more than 90 days after fitting.) Furstiant to 605.0
ord specifies a delayed effective date, but not an effective time, at 12:0 filed.	Of a.m. on the earlier of: (b) The 90th day after t
0 7/14/2024.	