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## **COVER LETTER**

TO: Registration Section Division of Corporations	, , , , , , , , , , , , , , , , , , ,
SUBJECT: HOME USA INVENTED Name of Limit	estments LLC ited Liability Company
The enclosed Articles of Amendment and fee(s) are sub-	mitted for filing.
Please return all correspondence concerning this matter	to the following:
Jose L.	Conzaloz Raminez Name of Person
HOME US	SA Investments LLC Firm-Company
12330SW	144 Th Ter Address
Niau	i, FL 33186 City/State and Zip Code
TGONZAL E-mail address: (t	o be used for future annual report notification)
For further information concerning this matter, please ca	ill:
Jose L. Conzalez Ramin	e2 at ( <u>786</u> ) <u>306 - 0634</u> Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$\frac{1}{2}\$\$ \$25.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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1 10 1 0 - 1 3 0 1 1 1	estments LLC	
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2 4 0000 2 76 70</u>	were filed on $1/12/2024$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	12330 SW 144 Niay, FC 33186	Ter
(Principal office address MUST BE A STREET ADDRESS)	Miayi, FC 33186	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	12330 SW 14 Migyi, FL 3318	y Ter
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nam	e of the new registered
Name of New Registered Agent:		,
New Registered Office Address:		
	Enter Florida street address	
	, Florida	* :
	Cïıy	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
			□Add
			Remove
			Change
	<u> </u>		
		Change	
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D. If am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an ei <u>Note:</u>	tive date, if other than the date of filing:
ecord is f	
Dated	1/26/2024 Flar
	Signature of a member/or authorized representative of a member
	Jose L. Conzalez Raminez

Typed or printed name of signee