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### **COVER LETTER**

TO: Registration S Division of Co			
CORPO U	SA LLC		
SUBJECT:	Name of Lin	nited Liability Company	<del>-</del>
The enclosed Articles of	Amendment and fee(s) are sub	bmitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	YULY SOLANGI PARA	DA REYES	
		Name of Person	
	CORPO USA LLC		
		Firm/Company	
	7939 W 2ND CT APT 202	2	
		Address	
	HIALEAH, FLORIDA, 33	3014	
	<del></del>	City/State and Zip Code	
	HELLO@CORPOUSA.CO		<b>د.</b> -
	E-mail address:	(to be used for future annual report notification)	
For further information of	concerning this matter, please c	all:	
ENGEL CRISTIAN SA	NCHEZ TATIS	+1 (305) 910-6156 at ( )	်ဂို ယ
Name (	of Person	Area Code Daytime Telephone Nur	mber
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certi (additional copy is enclosed) Certi	0 Filing Fee, ficate of Status & fied Copy ional copy is enclosed)
Mailing Addres Registration		Street Address: Registration Section	
Division of C		Division of Corporations	
P.O. Box 632		The Centre of Tallahassee	
Tallahassee,	FL 32314	2415 N. Monroe Street, Suit	e 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CORPO USA LLC		
( <u>Name of the Limited Liah</u> (A Flori	llity Company as it now appears on our record da Limited Liability Company)	is.)
The Articles of Organization for this Limited Liability		and assigned
Florida document number 1.24000347587	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	nited liability company here:	
CORPO USA BUSINESS LLC		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	
		**.7
Enter new mailing address, if applicable:		• • • • • • • • • • • • • • • • • • • •
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, enter	the name of the new registers
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres,	<i>-</i>
	, Flo	orida
	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
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			□Remove
			DChange
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ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be pote:  If the date inserted in this block does not meet the approximent's effective date on the Department of State's recomment's	prior to date of fi plicable statut	iling or more that tory filing requ	(option 90 days after irements, this	filian I Damini	i to 605.02 he listed
record specifies a delayed effective date, but The 90th day after the record is filed.	not an effe	ective time,	at 12:01 a	.m. on the	earlier
AUGUST 16 2024	·				
······································					
Signature of a member or a	RU)	Constitution C			