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TO:18506176383

FROM: 4079929407

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SA FINANCE & ACCOUNTING INC.

Account Number : I20190000111

Phone : (407)800-7028

Fax Number : (407)992-9407

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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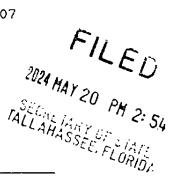
Page: ,05/20/2024 03:08 PM TO:18506176383 FROM: 4079929407 DocuSign Envelope ID: 9807697D-256E-44B8-9051-6A3CFAB08882 COVER LETTER Registration Section TO: **Division of Corporations** EXPLORIFY LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Maria C Sousa Neiva Name of Person SA Finance & Accounting Inc. Firn/Company 5728 Major Blvd Ste 307 Address Orlando Florida 32819 City/State and Zip Code Licenses@safinacc.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Maria C Sousa Name of Person

Enclosed is a check for the following amount:

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 Page: 6 . 05/20/2024 03:08 PM TO:18506176383 FROM:4079929407

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	PLORIFY LLC		T. FLO		
(Name of the Limited Lin) (A Flor	pility Company as it now non- ida Limited Liability Company	ears on our records.)			
The Articles of Organization for this Limited Liability on Florida document number <u>L2000027949</u> 5	y Company were filed	10/09/2023	and assigned		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the li	mited liability company	here:			
The new name must be distinguishable and contain the words "L	imited Liability Company," the	e designation "LLC" or the a	bbreviation "L.L.C."		
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADD	DRESS)	-			
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or register agent and/or the new registered office address here		records, enter the nar	ne of the new registered		
Name of New Registered Agent:	SA FINANCE & ACCOUNTING INC				
New Registered Office Address:		ajor Blvd. Ste 307 Ilorida street address			
	Orlando City	, Florida	32819 Zip Code		
New Registered Agent's Signature, if changing Registe	red 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.

Maria C Sousa Newa
If Changing Registered Agent, Signature of New Registered Agent

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II amenung Authorized rerson(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	PATAY, ANDRES	801 E Donegan Ave	□Add
		Kissimmee, FL 34744	[XRemove
			☐ Change
AMBR	Anne Lise Forodden	801 E Donegan Ave	₩Add
		Kissimmee, FL 34744	□Remove
			□ Change
			□Add
			□Remove
			SECHAN 20 PH 2 SECHANDER FOR THE PROPERTY OF T
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he record ord is fil	d specifies a delayed effective ed.	date, but not ar	n effective ti	me, at 12:01 a	i.m. on the ear	ier of: (b) T	he 90th day t	ufter the	
Dated	May 16	_	2024						
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			1 /	L. In Oata	, .				

Typed or printed name of signee