L17 000032214

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COVER LETTER

Division of Corp	porations		N	
	EXPLORANET, LL	С		
SUBJECT:	Name of Limi	ited Liability Company		
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:		
	JI.	ESUS A VEROES D'LIMA		
		Name of Person		
	-			
		Firm/Company		
		6314 NW 104th PATH		
		Address		
		MEDLEY, FL 33178		
		City/State and Zip Code		
		veroes@gmail.com	·	
		to be used for future annual report notifi-	cation)	-5
For further information co	oncerning this matter, please ca	all:		- C.
JESUS A VER	OES D'LIMA	305 713-3523		73
Name o	f Person		Telephone Number	10 : 13 : 10 : 10 : 10 : 10 : 10 : 10 :
Enclosed is a check for th	ne following amount:			5 5
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Sta Certified Copy (additional copy is en	tus &

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FŁ 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EXPLORANET	LLC .		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company Florida document numberL17000032214	y were filed on	02/13/2017	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the de	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	<u>-</u>		
			10 11 11
Enter new mailing address, if applicable:		-	2 写
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		our records, ente	r the name of the ne
Name of New Registered Agent:			
New Registered Office Address:	Enter Flor	ida street address	
		F1 13	
	Cuy	, Florida _	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>	<u>Address</u>	Type of Action
MGR	DIANA MICHELLE VEROES DE LIMA	7414 NW 107TH CT MIAMI FL. 33178	
			□ Remove
			Change
			□ Remove
			Remove
			Change
			Add
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Note:	ve date, if other than the date of filing:
If the red (b) The	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies 90th day after the record is filed.
Dated	AUGUST 19 2019
	Signature of a member or authorized representative of a member
	JESUS A VEROES D'LIMA

Page 3 of 3

Filing Fee: \$25.00