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COVER LETTER

TO:

TO:	Registration Se Division of Cor				
errb Ir	ezer.	EXPLORANET, LI	.C		
SUBJE	.C1:	Name of Lim	ited Liability Company		
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		J	ESUS A VEROES D'LIMA		
			Name of Person		
			and a		
			Firm/Company		
			6314 NW 104th PATH		
	Address				
	MEDLEY, FL 33178				
			City/State and Zip Code		
		E-mail address: (veroes@gmail.com to be used for future annual report in	otification)	
For furt	ther information c	oncerning this matter, please c	·		
	JESUS A VEF	ROES D'LIMA	305 713-3523		
	Name o	f Person		time Telephone Number	
Enclose	ed is a check for t	he following amount:			
v \$25	5.00 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 Status & Certified Copy (additional copy is enclosed)	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314		STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	porations : Center Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EXPLORANET, LLC

(Name of the Limited Liabil (A Florid	lity Company as it now appear da Limited Liability Company)	rs on our records.)	王 王
The Articles of Organization for this Limited Liability (Florida document numberL17000032214	Company were filed on	02/13/2017	and assig
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company he	e <u>re</u> :	
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the d	lesignation "LLC" or the	abbreviation L.L.C
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
Name of New Registered Agent:	dress here:		
New Registered Office Address:	Enter Floi	rida street address	
	1./IK. 1.1./		
	City	Florida	Zip Code
New Registered Agent's Signature, if changing Registere	ed Agent:		ļ
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a accept the obligations of my position as registered a	complete performance of agent as provided for in C	"my duties, and Lai Chapter 605, F.S. C	m familiar with a
being filed to merely reflect a change in the register company has been notified in writing of this change		y congrat ma tac	

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of A
MGR	JESUS A VEROES D'LIMA	6314 NW 104th PATH MEDLEY, FL 33178	
		 	■ Remov
			Change
MGR	JESUALDO VEROES TERAN	7414 NW 107TH CT MIAMI, FL 33178	B Add
			Remov
			□ Change
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Note: If the date inser document's effective d	I, the date must be specific an ted in this block does not ate on the Department of	id cannot be prior to date meet the applicable si State's records.	of filing or more than 90 da atutory filing requiremen	(optional) ys after filing.) Pursuant to 605. nts, this date will not be liste 2:01 a.m. on the earlie
(b) The 90th day aft				
Dated SEPTEMBER	17	2019		
	Transfer of a	member or authorized	representative of a member	
	menature of a	. memory of authorized	representative vit a memilier	
	JESUS A VEROE	S D'LIMA		
		Typed or printed nam	e of signee	
		Page 3 of	3	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Filing Fee: \$25.00