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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone #	<i>‡</i> )
PłCK-UP	WAIT	MAIL
(Bu	siness Entity Name	)
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A. BUTLER
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## **COVER LETTER**

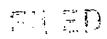
TO:

Registration Section

Division of Cor	porations	•	
oud iper.	EXP	LORANET, LLC	
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter-	to the following:	
	DIA	ANA M VEROES DE LIMA	
	Jary	Rame of Person Firm/Company	
	, ,	7414 NW 107TH CT	
		Address	
		MIAMI, FL 33178	
		City/State and Zip Code	
	ver	oesmichelle@gmail.com	
	E-mail address: (	to be used for future annual report not	citication)
For further information of	oncerning this matter, please c	all:	
DIANA M V	ÆROES DE LIMA	305 713-3523	
Name c	l'Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	
P.O. Box 632		The Centre of	•
Tallahassee.			be Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



	ET, LLC	2021 MOY 15	111 L 01
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears or Liability Company)	our records.)	SEATLE EARL
The Articles of Organization for this Limited Liability Company	were filed on	02/13/2017	and assigned
Florida document number 1.17000032214			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	hty Company" the desig	nation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	8450 NW 102nd AVE Apt 150		
Principal office address MUST BE A STREET ADDRESS)	Doral FI 33178		
Enter new mailing address, if applicable:	8450 NW 102nd A	√E Apt 150	
Mailing address MAY BE A POST OFFICE BOX)	Doral FI 33178		
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our reco	rds, <u>enter the nam</u>	e of the new regis
B. If amending the registered agent and/or registered office a gent and/or the new registered office address here:  Name of New Registered Agent:	address on our reco	rds, <u>ente</u> r the nam	e of the new regis
gent and/or the new registered office address here:			e of the new regis
gent and/or the new registered office address here:  Name of New Registered Agent:	Enter Florida :		e of the new regis

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
			□ Add
			□Remove
			□Change
<del></del>			
			□Remove
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ffective date, if	other than the date of filing: (optional) listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0
i <b>ote:</b> If the date ii	nserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
ocument's effective	ve date on the Department of State's records.
record specifies a l is filed.	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
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( (	( 1) ( 1/) ( 1/)
·	MUHAN VY
	figsafure of a member or authorized representative of a member
	DIANA M VEROES DE LIMA
<del></del>	Typed or printed name of signee

Filing Fee: \$25.00