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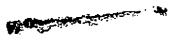
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

10:	Registration Se Division of Cor		;	
CHR I	EXPLORA ECT:	R GROUP COMPANY LLC		
3009	ECT	Name of Lim	ited Liability Company	
The ei	iclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		JAIME GARCIA		
			Name of Person	
		OPTIMUS SOLUTIONS I	ENTERPRISES INC	
			Firm/Company	
		8060 SW 159 PLACE		
			Address	
		MIAMI FL 33193		
		jmgaccounting@yahoo.com	City/State and Zip Code	-
			to be used for future annual report notific	ration)
For fu	rther information co	oncerning this matter, please co	ill:	
JAIM	E GARCIA		786 525-2101 at () Daytime	
	Name o	Person	Area Code Daytime	Felephone Number
Enclo	sed is a check for th	e following amount:		
⊜ Si	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 Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 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

EXPLORAR GROUP COMPANY LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on JUNE-26-2019	and assigned
Florida document number L19000167413		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "I united I iab	ility Company," the designation "I I C" or	the abbreviation "L.I.,C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		a n
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		: O
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he	-	nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	a
-	Cny	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	EMILIANO A. ROCA	8060 SW 159 PLACE MIAMI FL 33193	■ Add
			□ Remove
			Change
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			□ Remove
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					57	-7	
Effective date, if other than the date of filing:	applicabl	date of filing le statutory	or more than 90 filing requirer	(Option)) days after t nents, this	iling.) Pu date will	rsuant to not be	605,020° listed as
ne record specifies a delayed effective date, b	ut not a	an effectiv	ve time, at	12:01 a.	m. on	the ea	ırlier o
The 90th day after the record is filed.							
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Dated	(W)		itive of a memb				_

Page 3 of 3

Filing Fee: \$25.00