## L'Eveco 10818

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## **COVER LETTER**

TO: Registration Security Division of Corp			
SUBJECT: EXP	ore Through T	Travel by Angelo	1,LLC
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspon	dence concerning this matter to	o the following:	
	Angela Co	Ong don Clame of Person	
	Explose	Through Trave	1,LLC
	PO BOX 11	071 Address	
	Sarasota,	City/State and Zip Code  Plure through transport and the state of the code of	
	Orgela@ ex	plure through traveled to be used for future annual experiment of	vel.com
For further information con	neerning this matter, please cal	11:	
Angela Con Name of	Calon Person	at (941) 321 - 1 Area Code Daytime Te	Lephone Numb o
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Central of Samuel Samuel Central of Control

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tailahassee 2415 N. Monroe Street, State 310 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Explose Through Tru (Name of the Limited Mability Compa (A Florida Limited I	vel by land alman appears (ability Company)	Angela LLC	_ 
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2000 10 HH</u>	were filed on	1/3/2020	und assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab  Explore Through Trwel  The new name must be distinguishable and contain the words "Limited Liabil	116		were the smith, Luc."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		<del></del> .	£
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			73 6: 1:5
B. If amending the registered agent and/or registered office : agent and/or the new registered office address here:	address on our r	ecords, <u>enter the</u> n <u>e</u>	of the new registered
Name of New Registered Agent:	· _ ·	· <del></del> ·	
New Registered Office Address:	Enter Pho	m la succe address	
		, Florida	'ar Cod'

## 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 finth to comply with the provisions of all statutes relative to the proper and complete performance of my diaties, and it in significant with and accept the obligations of my position as registered agent as provided for in Chapter 605, ESCO(n) aix document is being filed to merely reflect a change in the registered office address. Thereby confirm that  $t \in \mathbb{R}^n$  be liability company has been notified in writing of this change.

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>	Name	Address		Type of Action
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				3A id
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	<del></del>			1 Add
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			<del></del>	Clange
				A7d
				Remove
				Cange

). If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necess v	
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(If an effecti Note: If t	date, if other than the date of filing:  we date is listed, the date must be specific and cannot be prior to date of tiling or more them of lays after the date inserted in this block does not meet the applicable statutory filing requestments, this is a seffective date on the Department of State's records.	range to 605,0207 (3)(b) inothe listed as the
the record spord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the curier of: (b) = 1	t th day after the
Dated	July 30th 2024	
	July 30th 2024.  Mysela Consular  Signature of a member or authorized representative of a member	
	Angela (ongdo) Typod or printed name of signee	

Filing Fee: \$25.00