1.0/6/2023 04:58 PM TO:18506176383 FROM:4079929407 Page:

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SOUSA & ASSOCIATES INC

Account Number : I20190000111 Phone : (407)800-7028 Fax Number : (407)992-9407

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Email Address:

3 LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **EXPLORIFY TRAVEL LLC**

Certificate of Status	0
Certified Copy	0
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Page: .7 10/6/2023 04:58 PM TO:18506176383 FROM:4079929407 DocuSign Envelope ID: C7D7D83E-B5F6-4C4C-B0C3-61264E50C9AA COVER LETTER TO: Registration Section Division of Corporations EXPLORIFY TRAVEL LLC SUBJECT: _ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Maria C Sousa Name of Person SA Finance & Accounting Inc Firm'Company 5728 Major Blvd Ste 309 Address Orlando Florida 32819 City/State and Zip Code Licenses@safinacc.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Maria C Sousa Name of Person Enclosed is a check for the following amount:

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

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Page: 8 1.0/6/2023 04:58 PM T0:18506176383 FROM:4079929407 DocuSign Envelope ID: C7D7D83E-B5F6-4C4C-B0C3-61264E50C9AA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EXPLORIFY	Y TRAVEL LLC		
(<u>Name of the Limited Liabi</u> (A Florid	ity Company as it now a a Lunited Liability Comp	ppears on our records.) any)	
The Articles of Organization for this Limited Liability	Company were filed	09/08/2020	and assigned
on Florida document number <u>L20000279495</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability compar	iy here:	
Explorify LLC			
Explority LLC The new name must be distinguishable and contain the words "Lin	nited Liability Company."	the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD)	RESS)		
			<u>:</u>
Enter new mailing address, if applicable:			<u></u>
(Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on o	ur records, <u>enter the na</u>	me of the new registere
Name of New Registered Agent:	<u> </u>		
New Registered Office Address:			
	Ente	r Florida street address	
		Florida	
	Cuy		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.

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MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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			□Remove
			□Change
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