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Special Instructions to	Filing Officer:	
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COVER LETTER

Tallahassee, FL 32314

TO: Registration Section Division of Corporations	
SUBJECT: Tigertail Explorer	< U.
Name of Li	nuted Liability Company
The enclosed Articles of Amendment and fee(s) are su	ibmitted for filing.
Please return all correspondence concerning this matter	er to the following:
RYAN	Young Name of Person
Tigertai	Explorers LLC Firm/Company
5240 Rain	tree Lane Address
Naples, F	City/State and Zip Code ng tide FL, com (to be used for future annual report notification)
Mong C Cisil	(in be used for future annual report notification)
For further information concerning this matter, please	
RYAN YOUNG	at (239) 234-3231 Area Code Daytime Telephone Number
Name of Peison	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy Certified Copy Cadditional copy is enclosed)
Mailing Address: Registration Section	Street Address:
Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION E3 -7 PM 2-1 -

Tigertail Explorers	LLC		i.e.
Tigertal Explorers (Name of the Limited Liability Co	mpany as it now appears or ited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L2 0000300924</u> .	pany were filed on9	23 2020	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited Southwest Florida Explorers The new name must be distinguishable and contain the words "Limited"	11.6		reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
Enter new mailing address, if applicable:		······································	
(Mailing address MAY BE A POST OFFICE BOX)			·
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our reco	rds, <u>enter the name</u>	of the new registered
Name of New Registered Agent:	•		
New Registered Office Address:			
	Enter Florida	street address	
	City	Florida	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	
MON - Manager	
AMBR = Authorized Member	
AMING - Authorized Member	

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

Effective date, if other than the date of filing: 2 15 2022 (optional) In effective date, if other than the date of filing: 2 15 2022 (optional) In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (optional) The date inscribed in this block does not meet the applicable statisticity filing requirements, this date will not be listed as to become in a clearly date on the Department of State's records. The effective date on the Department of State's records. The state of the carlier of: (b) The 90th day after the distilled. State 2 2 2 2 2 5 February 2 1 2022 Nignature of a member date of printed name of segue. Tripled of printed name of segue.		
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Filing Fee: \$25.00