

L23000177122

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

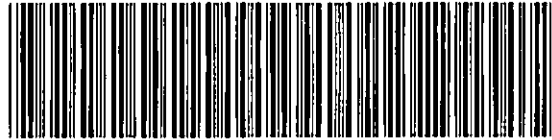
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700405991627

FILED
2023 APR 18 PM 12:10
CLERK OF STATE
TALLAHASSEE, FL

RECEIVED
2023 APR 14 PM 3:31
ATTORNEY GENERAL

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

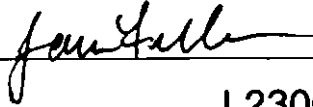
TALLAHASSEE, FL 32309

(850) 524-5437

(850) 524-6243

Please use funds from this account: I20210000160: \$ 25.00

Authorization Signature: _____:



Explora Consult LLC

L23000177122

BUSINESS NAME

DOCUMENT #

___ Certified Copy of Articles of Organization

___ Certificate of Status

NEW FILINGS

- ___ Profit Corp
- ___ Not for Profit
- ___ Limited Liability
- ___ Domestication
- ___ Other
- ___ CORP
- ___ LLLP

AMMENDMENTS

X Amendment

- ___ Resignation of R.A. Officer/Director
- ___ Change of Registered Agent
- ___ Revocation of Dissolution
- ___ Merger
- ___ Conversion
- ___ Amended and restated Articles
- ___ Statement of Authority

OTHER FILINGS

- ___ Annual Report
- ___ Fictitious Name
- ___ APOSTILLE
- ___ Country

REGISTRATION/QUALIFICATIONS

- ___ Foreign filing
- ___ Limited Partnership
- ___ Reinstatement
- ___ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations
Explora Consult LLC

SUBJECT: _____
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Claudia Zylberberg

Name of Person

Explora Consult LLC

Firm/Company

7888 Talavera Place

Address

Delray Beach, FL 33446

City/State and Zip Code

javierzylberberg@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Javier Zylberberg

561

870-5999

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 17, 2023

FLORIDA CAPITAL COURIER SERVICES

SUBJECT: EXPLORA CONSULT LLC
Ref. Number: L23000177122

We have received your document for EXPLORA CONSULT LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have to file a Statement of Correction to change the effective date.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 923A00008585

RECEIVED
2023 APR 18 PM 3:51
4-17-23

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.
Explora Consult LLC

FIRST: The name of the limited liability company is: _____

1.23000177122

SECOND: The Florida Document number of the limited liability company is: _____
Articles of Organization

THIRD: Document to be corrected is: _____

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

The incorrect statement is: Article V, the effective date for this Limited Liability Company shall be 05/05/2023.

The reason is because that is not the correct effective date.

The correct statement is: Article V, the the effective date for this Limited Liability Company shall be 04/18/2023.

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

- ☐ The electronic transmission of the record was defective.

Signature of Authorized Representative Date

Signature of new registered agent, if applicable : (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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.

Registered Agent's Signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

FILED
2023 APR 18 PM 12:10
CLERK OF STATE
TALLAHASSEE, FL
04/18/2023